

CA2 ALPMH
A56
2000/2001
C.2



Sessional Paper 50/2002

2 Session, 25 Legislature



Jana S. S.

Annual Report 2000 – 2001



AMHB

ALBERTA MENTAL HEALTH BOARD

The painting on the cover is by an artist currently receiving treatment at Alberta Hospital Ponoka. Jana enjoys painting in oils and acrylics. She paints frequently and is most interested in capturing scenes from nature.

For more information on artistic activities within the AMHB, please contact Communications at (780) 917-4107.

AMHB Help Line
Toll Free in Alberta:
(877) 303-AMHB (2642)

www.amhb.ab.ca

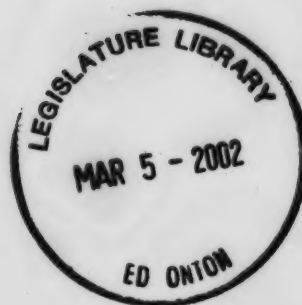
For additional information contact:

Alberta Mental Health Board
P.O. Box 1360
19th Floor, 10025 Jasper Avenue
Edmonton, AB
T5J 2N3

Reception: (780) 422-2233
Fax: (780) 422-2472

Contents

Letter of Accountability	3
Introduction	5
Board Roles and Responsibility	6
Organizational and Advisory Groups	8
Major Initiatives and Accomplishments	11
Serving the Mental Health Needs of Alberta's Diverse and Expanding Population	13
Progress and Results	15
Challenges and Future Directions	30
Capital Plan	31
Management Discussion and Analysis	32
Provincial Statistics	41
Financial Statements	55
Glossary	86
Appendix A — Progress Report: Health Workforce Plan	88
AMHB — Providing Mental Health Services for Albertans	90



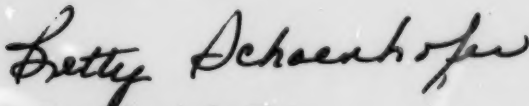
Please note: all terms marked by an asterisk are found in the Glossary.

Letter of Accountability

We have the honour to present the annual report for the Alberta Mental Health Board for the fiscal year ended March 31, 2001.

This annual report was prepared under the Board's direction, in accordance with the *Government Accountability Act*, *Regional Health Authorities Act* and directions provided by the Minister of Health and Wellness. All material economic and fiscal implications known as at July 31, 2001 have been considered in preparing the annual report.

Respectfully submitted on behalf of the Board,

A handwritten signature in cursive script, reading "Betty Schoenhofer".

Betty Schoenhofer, Chair
Alberta Mental Health Board

Introduction

Statement of Responsibility

The Alberta Mental Health Board is a provincial health authority accountable to the Minister of Health and Wellness.

Vision

Mentally healthy Albertans living in healthy and supportive communities, where promotion, prevention and treatment enable them to maximize their individual potential.

Mission

The Alberta Mental Health Board is committed to identifying and meeting the mental health needs of Albertans by ensuring that programs are accessible, sustainable, appropriate and promote improved mental health.

Mandate

The Alberta Mental Health Board's responsibilities are to:

- promote, preserve and restore the mental health of Albertans and work towards the prevention of mental health disorders
- assess the mental health of Albertans on an ongoing basis
- deliver and co-ordinate the delivery of mental health services in Alberta
- promote and act as an advocate for the provision of mental health services in a manner that responds to the needs of individuals and communities, and supports the integration of services and facilities
- develop and monitor standards for, and monitor performance in, the delivery of mental health services
- determine priorities in the provision of mental health services in Alberta and allocate resources accordingly
- ensure reasonable access to quality mental health services
- engage in and promote research into matters related to mental health.

Board Roles and Responsibilities

The Board establishes the vision, goals and direction for mental health services in the province. The Board uses a policy governance model to provide strategic leadership to the organization. Under this model, the Board establishes criteria for organizational performance and regularly monitors achieved performance against the established criteria.

The primary roles and responsibilities of the Board are to:

- provide strategic leadership and governance to the organization
- approve the AMHB business plan and annual report
- approve the overall AMHB budget
- monitor any budget variances
- approve policies and delegate them to management to implement
- ensure that fiscal controls exist
- review the Auditor General's report to ensure the financial accountability of the organization
- consult with individuals and communities to identify needs and concerns
- monitor the overall performance of the management staff

The Board addresses risk management through:

- an internal audit process
- consultations
- review of policies

Alberta Mental Health Board



The members of our governing Board are:

Back row (from left to right):

Neil Bunce, *Torrington*

Kathleen Heinemann,
Rocky Mountain House

Richard (Dick) Peterson, *Crowsnest Pass*

Dave Mikkelsen, *Chestermere*

Sharon Steinhauer, *St. Paul*

Front row (from left to right):

Dr. John G. Read, *Edmonton, (Vice Chair)*

Betty Schoenhofer, *Wetaskiwin (Chair)*

Thomas Lawrence Williams, *Calgary*

During this fiscal year, Board committees were revised to provide focus and alignment with the goals and objectives of the AMHB's business plan. Each committee establishes its priorities annually and develops an action plan for each priority.

The newly established committees of the AMHB governing Board are:

- Legislative and Advocacy Committee
- Programs, Services and Facilities Committee
- Quality and Accountability Committee
- Resources Committee

The Legislative and Advocacy Committee carries out tasks such as reviewing legislation that affects the mental health of Albertans and/or consumers' rights and access to service, and generates strategies for improving access to services.

The Programs, Services and Facilities Committee carries out tasks such as monitoring developments in programs, services and facilities to ensure they match the AMHB business plan; and recommending space and human resource needs for new service delivery models.

The Quality and Accountability Committee carries out tasks such as recommending policy on accreditation and safety, asking for audits, and monitoring reports on quality improvement and accountability.

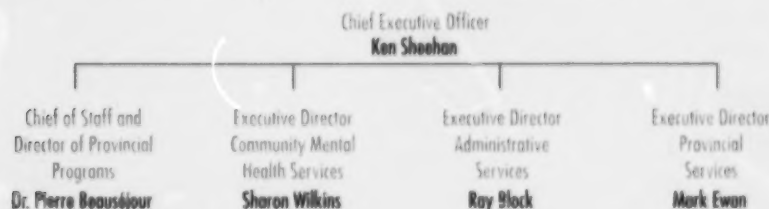
The Resources Committee carries out tasks such as reviewing the annual budget process, reviewing and recommending the annual audited financial statements, approving bargaining mandates and ratifying collective agreements.

Organizational and Advisory Groups

Advisory Groups

- Regional Mental Health Advisory Committees (RMHACs) (16)
- Community Advisory Committees (10)
- Consumer Advisory Council (CAC)
- Aboriginal Wisdom Committee

Members of the Executive Management Committee as at March 31, 2001



The AMHB works in partnership with many organizations and groups to address mental health issues and needs, and to deliver mental health services that are integrated and effective. Key partnerships include:

Alberta government cross-ministry initiatives

- Alberta Children and Youth Initiative
- Partnering Deputies Committee on Mental Health and Justice

Authorities and Commissions

- Alberta Alcohol and Drug Abuse Commission (AADAC)
- health authorities
- Child and Family Regional Services Authorities

Stakeholders

- mental health associations
- associations for people with disabilities
- private and non-profit mental health service providers
- physicians
- educators

The key roles of the AMHB include provincial programs, community mental health services, provincial services and administrative services. The current management structure is designed to provide management and leadership for these functions as well as provide leadership for all medical staff working with the AMHB.

Advisory Groups

To promote community input into mental health issues and services, the AMHB has established several advisory committees and councils for the organization as a whole. These include:

- Regional Mental Health Advisory Committees (RMHACs) — volunteer consumers, family members, professionals and members of the public who provide advice on regional mental health issues and services. RMHAC chairs meet as a council to provide advice directly to the Board.
- Community Advisory Committees — community volunteers who provide input to the RMHACs in some regions.

■ **Consumer Advisory Council (CAC)** — volunteers from across the province who provide advice to the Board from a consumer perspective on provincial issues and services

■ **Aboriginal Wisdom Committee** — advises the AMHB on being more responsive to the cultural and spiritual needs of aboriginal communities in Alberta and northern Canada. Committee members include elders, representatives from Treaty areas 6, 7 and 8, Metis people living on and off settlements, consumers and a representative from Nunavut.

Specific programs and services delivered by the AMHB also benefit from a variety of management and clinical advisory groups, including:

■ **medical advisory committees** — physicians who advise the AMHB on clinical practice

■ **consumer input** — client representation on specific working groups, a patient council at each facility and participate in the AMHB concerns resolution process

■ **management advisory committees** within the organization

Organizational Information

What is the AMHB's role?

The AMHB takes the lead in serving people with mental illness in Alberta, and it provides a provincial focus. It frequently does its work by means of partnerships, collaborative initiatives and close working relationships. The AMHB is part of a team of mental health service providers in Alberta. Mental health services are also delivered by regional health authorities (psychiatric beds in general hospitals, emergency/crisis intervention, outpatient/outreach* services), physicians who provide medical care and mental health counselling, other mental health services, private mental health practitioners (e.g., psychologists), advocacy and support groups, and informal support networks.

What is the AMHB operating budget?

The total 2000 – 2001 actual revenue for the AMHB is \$224.801 million. Actual operating expenditures were \$219.952 million. Funding for community mental health services has increased by 142 per cent, from \$39.090 million in 1994 –95 to \$94.598 million in 2000 – 2001.

How many people does the AMHB serve, directly or indirectly?

In 2000 – 2001:

■ 40,897* Albertans received services from the AMHB.

■ The four provincial programs (adult*, geriatric* and forensic psychiatry* and brain injury rehabilitation*) admitted 3,272 individuals.

■ Community Mental Health Services' 70 full-time, 6 part-time and 33 mobile community mental health clinics served 28,266 clients.

*Includes all individuals who were registered, enrolled or admitted to an AMHB program in 2000 – 2001.

What types of needs is the AMHB serving?

Provincial centres of excellence staffed by highly trained specialists have been set up to deliver specialized programs that have high costs and are technically complex (geriatric psychiatry,* adult psychiatry,* forensic psychiatry* and brain injury rehabilitation*). These programs are being implemented in stages.

These are a few examples of the types of needs being met:

■ Approximately 40 per cent of individuals admitted annually to the Adult Psychiatry Program have a concurrent mental disorder and substance abuse disorder. Most of these individuals receive treatment in the Acute and Rehabilitation Services of the program. Those with severe symptoms are referred to the specialized and integrated 16 bed inpatient Dual Diagnosis Recovery Service of the program.

■ There are 232 members of the Clubhouse Demonstration Project* — in Calgary, Claresholm, Edmonton, Grande Prairie, Ponoka and Wetaskiwin. This project produces 120 to 140 work placements per month.

Community mental health clinics provide voluntary mental health services to persons of all ages who live in the province. Clients can be self-referred or referred by families, community agencies or physicians. Mobile clinic services meet the needs of individuals located in remote locations.

Many innovative community mental health initiatives and services have been developed in the past five years. They include the development and delivery of clinical practices that provide mental health services in or close to a client's home rather than in a clinic office. This approach has resulted in an expansion of visiting clinics in 33 communities throughout the province. This community outreach* service delivery model is provided by independent living support workers or by professionals.

Assertive Community Treatment (ACT)* services are provided in Calgary and Medicine Hat for the most severely and persistently mentally ill population. Evaluation results will determine if ACT is an effective model of service delivery that meets the needs of the target population.

The AMHB has taken a lead role in developing and evaluating new and established mental health crisis and emergency services in Alberta. Evaluation data is now being reviewed by Community Mental Health Services to determine the next steps in response to report recommendations.

Community Mental Health Services supports clients by providing them with a variety of housing options. Independent living supports are available for persons in private homes, group homes or apartments. The AMHB funds 98 approved home operators (230 beds) to provide room, board and support services to clients.

Although housing options are often available, the current rental rates are not always affordable for AMHB clients, many of whom are on Assured Income for the Severely Handicapped (AISH). Recent changes to the eligibility and employability provisions of AISH have made it easier for individuals to live in the community. Rehabilitation services for those with severe and/or persistent mental illness are often not available, particularly in rural regions.

Major Initiatives and Accomplishments

In 2000 – 2001, the AMHB:

1. Set up provincial programs* in adult psychiatry,* forensic psychiatry,* geriatric psychiatry,* and brain injury rehabilitation.* The programs are being established in stages.

2. Developed an interdepartmental provincial framework for children's mental health in Alberta.

Establishing an integrated approach to addressing mental health for children and youth in Alberta is a priority identified by the partners of the Alberta Children and Youth Initiative.

3. Focused on the special mental health needs of aboriginal people. An Aboriginal Wisdom Committee was established, and AMHB staff began receiving aboriginal awareness training.

4. Developed an increased ability to gather, analyze and report on organizational information through performance indicators. The Business Plan Performance Indicator Group was established to coordinate this initiative, with input from all parts of the organization.

5. Increased the access that Albertans have to inpatient mental health care services. The Adult Psychiatry Program at Alberta Hospital Ponoka and the Calgary Regional Health Authority's mental health services are jointly managing access to 15 beds as a pilot project. A similar pilot project is underway between the Adult Psychiatry Program at Alberta Hospital Edmonton and Capital Health's mental health services.

6. Responded to the Pine Lake disaster.

The AMHB's ability to respond to a disaster and work with community partners was tested in July 2000 when a tornado struck a campground and surrounding areas at Pine Lake, Alberta. The Mobile Response Team in Region 6 provided immediate assistance to the survivors and family members. Community mental health staff in several other regions provided critical incident stress debriefing to survivors, volunteers, search and rescue teams, and others affected by the disaster. The AMHB is now defining its role and responsibilities in responding to localized critical incidents and regional or province-wide disasters.

7. Improved access to services for residents of remote and rural areas.

A key initiative was the continuing expansion of telemental health services* to provide psychiatric consultations via videoconferencing technology.

8. Provided specialized treatment for Albertans with a concurrent mental disorder and a substance abuse disorder. These individuals are served by the Dual Diagnosis Recovery Service of the Adult Psychiatry Provincial Program in collaboration with community mental health services and AADAC.

9. Placed priority on recruiting and retaining staff who are well qualified to meet the needs of persons with mental illness in Alberta. Current staff are offered opportunities for professional development and training as part of this initiative. The AMHB's ability to recruit highly qualified mental health care personnel is enhanced by the province-wide scope of its operations and the unique programs it provides.

10. **Planned and launched a single, province-wide, toll free help and information line.** The AMHB Help Line at 1-877-303-AMHB (2642) is a province-wide, toll-free telephone service operating 24 hours a day, seven days a week. Staffed by mental health professionals, the AMHB Help Line provides: crisis intervention; immediate access to a mental health professional; consultation to professionals; access to a concerns resolution process; information on AMHB programs and services; and referral to other agencies where appropriate.
11. **Completed installation of ARMHIS in the community clinics.** ARMHIS is a software program designed to make client information more readily available to staff. Interest in this software led to a technology exchange with the North Shore Health Board of British Columbia, which is using ARHMIS. In return the North Shore Health Board is providing the AMHB with Synapse, software programs designed to support regional mental health care.
12. **Took on responsibility for provincial leadership of the suicide prevention program.** The AMHB is working to ensure continuous improvement of services, research, expert consultation, program evaluation, appropriate service development and advocacy.
13. **Established the Mental Health and Justice Initiative with partnering deputy ministers.** The goal of this initiative is to share the responsibility for planning and delivery of services to people with mental illness who are (or may become) in conflict with the justice system.
14. **Developed the client/patient representative service.** The Client/Patient Representative Service provides all AMHB hospital and community-based clients, patients and their significant others with an easily accessible representative to help them find answers and resolve concerns regarding treatment and care, hospital policies and procedures, the Mental Health Act and other legislation, and patient rights and responsibilities.

Serving the Mental Health Needs of Alberta's Diverse and Expanding Population

Alberta's population is culturally and socially diverse, it is aging, and its numbers are increasing rapidly, thanks to a healthy economy. Many Albertans live in remote, rural areas where services are less accessible than in the cities and towns. A fair number are recent immigrants or aboriginal people. Another factor in the mix is the sharp increase in the number of seniors as the large boomer generation approaches the age of 65.

The mental health needs of this population cover the full spectrum — significant numbers of people of all ages and all socioeconomic levels and cultures face the huge challenges of dealing with mental illness. One in five Albertans will need treatment for mental illness in their lifetime. Mental illness is more common than breast cancer, diabetes or Alzheimer disease. It is estimated that 40 to 60 per cent of all visits to family physicians are for mental health reasons.

Over 40,000 people were assisted by the Alberta Mental Health Board's mental health programs and services during this last year. More than 3,200 Albertans were discharged from AMHB Provincial Programs in 2000 – 2001, many of whom were suffering from a severe and persistent mental illness. Many patients have multiple diagnoses. Of the complex diagnoses attributed to these patients, 26 per cent were substance-related disorders, 10 per cent were schizophrenia, 10 per cent were personality disorders and 18 per cent were mood disorders.

The suicide rate in Alberta is higher than the average rate in Canada, second only to Quebec. Statistics Canada reports that there are approximately 14 suicide deaths per 100,000 population each year in Alberta. Currently, the mental health needs of aboriginal people are pressing. The

Population Mental Health in Canada Report states that aboriginal suicide rates per 100,000 in 1998 were 22 for women, 53 for men and 126 for youth (15 to 24 years of age).

The need to address mental health problems among children and youth is especially urgent. It is estimated that about one quarter of those currently facing mental health challenges in Alberta are under the age of 18, and this proportion is expected to increase over the next ten years. As just one example, thousands of young people, in Alberta, predominantly women, suffer from eating disorders. This is a serious mental illness that causes death in approximately 10 per cent of cases.

Severe mental illnesses that occur together with addiction to drugs and alcohol are also on the increase. Another issue is the significant proportion of people who are currently in the criminal justice system and need to be transferred to psychiatric care.

In addition to the assistance and support that people with mental illnesses need to manage their health challenges, there is frequently a need to provide these clients with supportive housing and adequate income in order to live independently in the community. A strong economy means higher rents and lower vacancy rates. The benefits of a strong economy can be a barrier to independent living for persons with mental illness.

The huge challenges facing persons with mental illness affect all of us, either directly or indirectly. Albertans who have good mental health are quite likely to have a family member, friend or neighbour who is battling mental illness, or who did so at one time. And those who have not been touched personally by this issue still carry the burden of this major social challenge, in that it has a profound effect on our overall

level of productivity and social stability. Our ideals for the future of Alberta include having as many people as possible employed, properly housed and receiving the health care and social services they require. Currently, many people with mental illness are not able to achieve these goals. Their difficulties not only go against our expectations of well-being for all, but also reduce the self-sufficiency of individuals and increase costs — since the economy benefits from having extensive workforce and community participation.

All of us are also affected by the stigma that is still being inappropriately attached to mental illness. The Alberta Mental Health Board is working hard to increase public awareness of the nature of the illnesses and of the types of support required by people with mental illness.

The Alberta Mental Health Board serves the needs of persons with mental illness within the province's current social and economic climate. The AMHB receives ongoing information from user groups through its advisory bodies, including the Regional Mental Health Advisory Committees and the Consumer Advisory Council. The AMHB uses this and other information to set regional and provincial priorities, and to continue to develop and improve its broad range of excellent programs and services. The AMHB is finding ways to adapt to the many, varied and increasing needs. It is forming new partnerships, taking innovative steps in clinical intervention, improving access, and constantly assessing clinical practice and service delivery models with a view to improvement.

Progress and Results

This section of the report outlines progress made in achieving the goals of the Alberta Mental Health Board business plan, 2000 – 2003.

Goal 1. To support and promote a provincial system for mental health.

Goal 1 Key Performance Measures

1. Ratings of effectiveness and efficiency of the system, including but not limited to distribution of resources, access to services, utilization and achievement of outcomes.

Target: 2001 — Reach agreement on key measures of effectiveness and efficiency.

Results: Agreement was reached on a three-year plan for developing and implementing outcome measures.

2. Stakeholder ratings of effectiveness of partnerships and initiatives at a service level.

Target: Reach agreement on key performance measures of effectiveness of partnerships and initiatives.

Results: Service delivery partners have been identified and the initial agreement on key measures has been achieved.

Objective 1.1

To engage in collaborative planning with citizens and stakeholders.

Strategy: Continue to support and encourage a collaborative relationship with regional, provincial and government stakeholders.

Many regional and provincial links were established to develop services for clients, and most communities now have interagency committees. Integrated service models that involve a range of service providers are being developed.

In 2000 – 2001, the Regional Mental Health Advisory Committees (RMHACs) continued to play an active part in planning for the needs of consumers and families, and in advising the regional services managers and the AMHB about the suitability of services and service delivery. RMHAC members (equal numbers of mental health consumers, service providers, family members and members of the public) participated in:

- regional mental health promotion and awareness activities
- development of the contract review process
- the Consumer Advisory Council annual conference
- the Forensic Psychiatry* Program needs assessment and accreditation in the regions accredited during the year

As of January 2001, the RMHACs involved approximately 165 people (40 consumer representatives, 48 professional members, 45 community members and 32 family members).

The AMHB continued to implement the Children's Mental Health Initiative according to the regional plans and with the involvement of the partnering ministries of the Alberta Children's Initiative and a range of community stakeholders.

An integrated service delivery model was developed for addiction and mental health treatment for adults in the Crossroads region. This work was funded through the Medical Services Budget Innovation Fund. Partners in this project included the AMHB (Alberta Hospital Ponoka — Dual Diagnosis Program), the Alberta Medical Association, AADAC, Hobbema Indian Health Services and the Crossroads Regional Health Authority.

Other examples of collaborative activities in the Provincial Programs:

■ In August 2000 the Adult Psychiatry* Provincial Program and AADAC established a steering committee on mental health and addiction services.

■ The Provincial Forensic Psychiatry* Program began conducting a comprehensive provincial needs assessment, with input from a wide range of government departments and other stakeholders.

■ The Geriatric Psychiatry* Provincial Program has developed an Admission Committee in the Southern Service Area, and there are plans to develop geographic teams for geriatric services.

■ The Brain Injury Rehabilitation* Provincial Program is about to start the first phase of a community geographic team approach (in these regional health authorities: Crossroads, WestView, East Central, David Thompson and RHA 5).

Strategy: Collaborate with regional health authorities to develop a 10-year continuing care plan for people of all ages with severe and persistent mental illness.

Community Mental Health Services helped to develop 10-year continuing care plans in a number of regions. A provincial approach to this planning is under development. The AMHB participated in planning with Alberta Health and Wellness on the following committees:

- Alzheimer's Disease and Other Dementias Initiatives Working Group
- Supported Living Task Force
- Continuing Care Leaders Council
- Rosehaven Review Committee
- Continuing Care Information and Accountability Steering Committee

Strategy: In collaboration with aboriginal communities, address the challenge of meeting the mental health needs of aboriginal people (including children and youth).

In 2000 – 2001, the AMHB placed a high priority on aboriginal service development and enhancement. An Aboriginal Wisdom Committee was established in September 2000 to develop a better working relationship with the aboriginal communities. The Wisdom Committee is made up of elders and other community members who are of First Nations, Metis and Inuit descent. There is a wide range of representation on the committee linguistically and geographically. Members come from reserves, settlements, cities and townsites throughout Alberta. One member of the committee is from Nunavut, and there is an open position for a member from the Northwest Territories since the AMHB provides services to clients from these locations.

One of the key goals of Aboriginal Services was the delivery of aboriginal awareness training for staff. During the year, the majority of senior staff and a number of managers and physicians received this training, and plans were made to provide training to all AMHB employees and governing board members. As well, an aboriginal training resource was developed for use in aboriginal communities and by staff who work with aboriginal children.

The Forensic Psychiatry* Program is actively involving aboriginal communities in its needs assessment and evaluation processes.

The AMHB established a partnership with Grant MacEwan College aimed at ensuring that the needs of aboriginal people are included in the training of people who will work with persons with mental illness. The AMHB is represented on the College's Psychiatric Nursing Program Advisory Committee, and some staff members are teaching courses at the College.

Objective 1.2

To ensure accountability throughout the mental health system.

Strategy: Develop, implement, evaluate and report key performance measures.

Community Mental Health Services implemented an accountability framework across the province and continued to refine it as necessary, with monthly reporting on at least five performance measures.

Community clinics provided reports on wait time for service, service volumes, length of service, reasons for closure, and the age and gender of clients. Senior and regional staff received training on accountability (terminology and components). Performance measures are being developed in consultation with the Alberta Children and Youth Initiative for services to children and youth.

Staff at all provincial facilities worked on site-based performance indicators. The Adult Psychiatry* Program has developed measures for size of wait list, wait time, alternative levels of care and client satisfaction. These measures were implemented on April 1, 2001 at Alberta Hospital Edmonton, Alberta Hospital Ponoka and the Claresholm Care Centre. The Brain Injury Rehabilitation* Program also used performance indicators such as wait time, size of wait list, activities performed and the use of telemental health services*. The other three provincial programs (forensic*, geriatric* and brain injury*) continued to develop monitoring and measurement tools, performance indicators and outcomes, and common definitions.

The Business Risk and Advisory Services unit of the AMHB conducts an organization-wide risk assessment each year. Priorities are identified in consultation with the Chief Executive Officer. The audits produce recommendations on how to improve operations and reduce risks to the organization.

The Business Plan Performance Indicator Group established a three-year plan for developing and implementing performance indicators.

Objective 1.3

To provide leadership and advocacy in emerging mental health system-wide changes.

Strategy: Continue to develop and implement collaborative initiatives identified in the Opportunities and Challenges section of the AMHB business plan.

The AMHB, as a provincial health authority, has a distinct advantage in addressing service delivery and system issues that impact the mental health of Albertans. Following are some examples of this work.

■ The AMHB participated in the Senior Officials' Committee on Homelessness to ensure the needs of people with mental illness are met. Seven communities were targeted for initiatives to reduce homelessness: Grande Prairie, Fort McMurray, Edmonton, Red Deer, Calgary, Lethbridge and Medicine Hat.

■ A process for evaluating all new initiatives was established as of September 2000 (for example, Children's Mental Health and Assertive Community Treatment*), with resources and expertise provided by the AMHB's Research and Evaluation unit.

■ The AMHB is the provincial lead in developing a cross-ministry provincial framework for children's mental health in Alberta. The target for completion of this project is November 2001. Funding for the children's mental health initiative, administered by the AMHB, is allocated to regions based on the population under 19 years of age and builds on existing services and partnerships for children's mental health.

Activities to date also include:

- improvements to service through integration across government ministries and health authorities (therapy, eating disorders program, residential and day treatment, in-home support, early intervention initiatives, suicide prevention)
- plans for services to aboriginal children and youth in partnership with the Aboriginal Wisdom Committee, as well as aboriginal service and education providers
- educational initiatives such as the *Teaching Students with Emotional Disorders and/or Mental Illness* training resource manual, play therapy and family therapy workshops, and the second annual children's mental health conference held in Calgary, November 1 – 3, 2000
- promotional activities such as a media campaign in cooperation with AADAC and community crisis response capacity training in partnership with Alberta Justice and Alberta Learning, and planning for a school-based mental health symposium for professionals specializing in children's mental health.

The AMHB is a member of the Partnering Deputies Committee, Mental Health and Justice. This committee also has representatives from Alberta Health and Wellness, Alberta Children's Services, Alberta Justice, Alberta Human Resources and Employment, Alberta Community Development, Alberta International and Intergovernmental Relations and the Alberta Alcohol and Drug Abuse Commission. One of the goals of the Partnering Deputies Committee is to share responsibility for the delivery of services to people with mental illness. This Committee's duties include monitoring and evaluating provincial activities related to forensic psychiatry,* young offenders and family violence, as well as the provincial Diversion Project* (moving mentally ill individuals from the justice system to the mental health system).

The Forensic Psychiatry* Program began implementing and leading several provincial initiatives of the Partnering Deputies Committee, including initiatives on family violence and young offenders. As well, the Forensic Psychiatry* Program set up the Diversion Project* with funding from the Alberta Health and Wellness Health Innovation Fund and management by the Forensic Psychiatry* Program, with a built-in evaluation component.

The Geriatric Psychiatry* Program was involved in outreach* to other health care facilities and community agencies. The Brain Injury Rehabilitation* Program developed a delivery service model that includes a community geographic team* and a facility-based outpatient/follow-up clinic.

Objective 1.4

To encourage communication and cooperation with and among citizens and stakeholders.

Strategy: Continue to use a variety of methods to effectively communicate with Albertans.

The Forensic Psychiatry* Program held meetings with all 17 regional health authorities. The Geriatric Psychiatry* Program continued to build links with community resources for the elderly and respond to the changing needs of the geriatric population in Alberta. Staff of the Brain Injury Rehabilitation* Program are members of the Brain Injury Coalition of Calgary, the Brain Injury Coalition of Central Alberta and the Interagency Planning Committee (Edmonton).

During brown bag sessions for staff of various government departments, AMHB managers were able to communicate progress, highlight new initiatives, and learn more about the roles and concerns of other government employees. Topics of discussion at the brown bag sessions included the Alberta Regional Mental Health Information System (ARMHIS), Provincial Programs, aboriginal services, children's mental health and community mental health services.

The AMHB met with the Alberta Alliance on Mental Illness and Mental Health and other stakeholder groups to exchange information, solicit input and provide them with updates on program and service developments within the AMHB.

The AMHB developed a web site (www.amhb.ab.ca) to share information with the public. Updates on new initiatives and program and service developments were posted on the web site and published in the *Connexion* newsletter, which was distributed to more than 6,000 addresses. As well, information was shared through the ongoing production and distribution of information sheets and posters for a variety of public meetings.

A nine-minute information video was produced in cooperation with AMHB Human Resources. The video was distributed in two versions, one for outside groups and one for staff recruitment and orientation purposes.

The AMHB created a single, province-wide, toll free help and information line (1-877-303-AMHB) that provides access to crisis management help, information on mental health services and support, as well as a concerns resolution process. This service operates 24 hours a day, seven days a week. The AMHB worked with communities, regions and other crisis line service providers to ensure that services will be appropriate and effective.

Objective 1.5

To ensure the availability of timely, accurate, comprehensive mental health information.

Strategy: Complete installation of the Alberta Regional Mental Health Information System (ARMHIS).

Installation of the ARMHIS was completed. This system helps to meet client needs by making client information more readily available to staff. The software was installed at 598 workstations in community clinics, and data is being entered from all regions except Region 17 (targeted for 2001 – 2002). The AMHB has established a

provincial advisory committee for ARMHIS, with regional representation. This committee will steer the ongoing development of the information systems for Community Mental Health Services.

Strategy: Continue the joint project of the AMHB, Alberta Health and Wellness, and Alberta we//net.

The AMHB was actively involved with alberta we//net:

- The AMHB received we//net funding to provide enhanced telemental health services.*
- The Geriatric Psychiatry* Program collaborated with we//net on a seniors drug profile.
- The Brain Injury Rehabilitation* Program is developing an educational package for staff, caregivers and stakeholders.
- Recommendations from a joint project of the AMHB, alberta we//net and Alberta Health and Wellness were used to develop information systems and to assist information planning activities.

Objective 1.6

To move towards a needs-driven balance between facility and community mental health services that will meet the needs of people in their respective health regions.

Strategy: Articulate the roles of AMHB facilities, Community Mental Health Services, Provincial Programs and regional health authority mental health services in the context of the needs of those served by each provider.

Community Mental Health Services was reorganized and is now ready to review and renew clinical practices and services that are delivered directly or through contracts. A process was established for consultation between community mental health clinics and regional health authorities, as well as for collaborative planning on services for young offenders. The Regional Mental Health Advisory Committees continued to provide advice on regional needs.

Provincial programs were set up to complement and support other key components of service delivery. A structure was established for all provincial programs, including a philosophical framework and administrative structures. Staff leadership appointments were made for the Forensic Psychiatry* and Brain Injury Rehabilitation* programs.

■ Between January and September 2000, the Adult Psychiatry* Program completed a review of vocational service incentive rates at all sites (Alberta Hospital Edmonton, Alberta Hospital Ponoka and Claresholm Care Centre) and compiled a comprehensive list of services and resources for adults in the three facilities.

■ The Forensic Psychiatry* Program completed a needs assessment for community-based outreach* across the province.

Strategy: Tailor resources, based on the annualized budget, to meet the mental health needs and preferences of consumers and emerging clinical practices that are efficient, effective and client-centered.

The AMHB operates community mental health services throughout the province — in the form of clinics, grants to community contracted services and regional health authorities, approved homes, independent living supports, and partnerships with service and non-profit organizations. One of the goals of Community Mental Health Services is to achieve the equitable allocation of resources. Equitable per capita funding is a method of achieving this goal over time. The Community Mental Health Services per capita funding formula was enhanced for the 2000 – 2001 fiscal year. Over time, this formula is expected to achieve these goals:

■ Ensure equitable allocation of AMHB resources throughout the province.

■ Provide comparable levels of community mental health services to Albertans.

■ Maintain a close linkage with the funding of health services throughout the province.

Goal 2. To sustain and improve the delivery of accessible, effective, quality mental health services to Albertans.

Goal 2 Key Performance Measures

1. Wait time for AMHB services, including but not limited to community mental health clinics, provincial programs and telemental health service.

Target: Reach agreement on key measures for wait time.

Result: Agreement on measures was reached for telemental health and community clinics. Wait time measures for Provincial Programs are being developed.

2. Rating the effectiveness of AMHB services, including but not limited to measures of quality of life, client satisfaction, increased functioning and reduction of symptoms.

Target: Reach agreement on key measures of effectiveness.

Result: A three-year plan for development of outcome indicators has been established. The plan identifies the following key measures: client satisfaction, reduction of symptoms, level of functioning and quality of life.

Target: Pilot a standardized instrument to measure client satisfaction.

Result: The pilot project was completed, and a standardized tool was created for implementation in the following fiscal year.

Objective 2.1

To ensure access to quality mental health services.

Strategy: Use key performance measures to evaluate and improve the methods that enable target populations, families, referring organizations and service providers to access AMHB services.

The AMHB continued to expand its telemental health services* in order to do a better job of delivering mental health services to people living in rural and remote areas of the province. The service reduces client travel, increases access to specialty services in rural Alberta and provides educational services to remote areas. Physicians have responded positively to this service, and its use has been increasing rapidly, as shown on page 52.

Seventy per cent of all clinical activity associated with telehealth in the province was provided by the AMHB telemental service. The total number of clinical consultations provided through AMHB telemental health in 2000 – 2001 was 689, compared to 484 in the previous fiscal year.

Strategy: Use key performance measures to evaluate and improve the methods that enable target populations, families, referring organizations and service providers to access AMHB services.

See also Objective 1.2.

The AMHB has a longstanding tradition of using the continuous quality improvement and accreditation processes of the Canadian Council on Health Services Accreditation. In 2000 – 2001, a structure was put in place to ensure coordination of quality improvement initiatives across the organization. Plans for a province-wide accreditation of AMHB programs and services are underway for 2002.

The educational component of Children's Mental Health Initiative (CMHEP) was evaluated. The 1999 – 2000 Education Program consisted of seven multifaceted

programs that were individually evaluated. The process evaluation of CMHEP suggests that the educational programs met the overall criteria of relevance, accessibility, participant satisfaction, support and networking. The evaluation showed that all seven programs were successfully implemented.

The Geriatric Psychiatry* Program used standard performance measures and developed a resource inventory to assist in planning for community geographic teams.* The Forensic Psychiatry* Program continued to identify performance measures to improve and ensure the development of an accessible, coordinated, provincially focused approach in the delivery of forensic psychiatric services.

An analysis of population trends in Alberta was completed to help the AMHB anticipate changing service requirements.

Objective 2.2

To improve the effectiveness of mental health services.

Strategy: Use key performance measures to determine specific outcomes.

A key component of the AMHB's role is to engage in and promote research. The Research Program completed phase one of the COMHS (Continuity of Mental Health Services) study. During this phase a research questionnaire was developed and field-tested. The second phase is under development and will include an 18-month study on service delivery patterns for people with severe and persistent mental illness. As well, a research manual and an inventory of mental health research in Alberta are being developed. These activities and others are leading to new partnerships and research networks, and are building mental health research capacity in Alberta.

Community Mental Health Services evaluated the Assertive Community Treatment* (ACT) project. ACT serves the most severe and persistent mentally ill population in Calgary and Medicine Hat. Evaluation results will determine whether

ACT is an effective model of service delivery that meets the needs of the target population.

The Geriatric Psychiatry* Program developed common definitions, standardized data collection methods and indicators of quality of life (health and safety). The Forensic Psychiatry* Program used survey information to develop enhanced services. The Brain Injury Rehabilitation* Program used performance measures to aid in discharge planning.

Strategy: Continue to upgrade the knowledge of mental health professionals through formal educational opportunities.

A total of 1,373 people took part in the Children's Mental Health Educational Program: 203 therapists participated in the Family Therapy Program, 174 were involved in Play Therapy Training and 467 people attended the Teaching Students with Emotional Disorders and/or Mental Illnesses workshops. The annual Children's Mental Health Conference: Fostering Resiliency in Children (October 2000) offered a variety of workshops on working with children and families and was attended by over 400 people from across the province.

The Children's Mental Health Education Program initiated three post-secondary projects. The University of Calgary, Faculty of Social Work, was contracted to take the lead in developing interdisciplinary graduate and undergraduate courses in children's mental health. Mount Royal College was contracted to develop a Certificate Program for post-diploma students and/or any persons interested in learning more about children's mental health. Both the university and college level courses will be delivered online across the province. The third project was contracted to CASA (Child and Adolescent Services Association) for the development of a staff orientation, self-assessment tool and

preceptorship package. The development phase for all three projects was completed in 2000 with the implementation phase occurring in 2001 – 2002.

A Career Development Fund was established to help cover tuition fees for employees who take further post-secondary training that is relevant to the operations of the AMHB. In 2000 – 2001, 68 employees received financial support for further post-secondary training.

Training was offered in:

- frontline leadership — communication and leadership skills for management and frontline staff
- managing patient/client aggression — the responsibilities and rights of staff in dealing with aggression, and the appropriate skills for intervening while ensuring safety and protection for staff, patients/clients and others
- suicide prevention and crisis management

AMHB telemental health services* used videoconferencing technology to offer continuing education programs for AMHB staff and others in mental health services across Alberta, the Northwest Territories, Nunavut and several locations in British Columbia.

Alberta Hospital Edmonton reviewed the effectiveness of its nursing services, reviewed and revised mandatory training requirements, and consolidated library services (to provide better access to numerous journals with less duplication).

The AMHB is planning the establishment of Professional Practice Councils that would promote and facilitate excellence in professional practice and ensure quality, client-focused care. Current plans include discipline-specific councils, as well as interdisciplinary and provincial councils.

Objective 2.3

To measure client satisfaction with mental health services.

Strategy: Complete the Provincial Client Satisfaction Project and develop additional measures that meet the needs of special populations.

The AMHB Research and Evaluation department completed a pilot study of the Adult Client Satisfaction Tool.

Alberta Hospital Edmonton, Alberta Hospital Ponoka and Claresholm Care Centre conducted regular client satisfaction surveys. Community Mental Health Services and all provincial programs planned for or participated in client satisfaction projects.

Focus groups were held with aboriginal clients (rural and urban) and with those who provide service to aboriginal people.

Objective 2.4

To improve the continuity of mental health services.

Strategy: The AMHB to complement and collaborate with services of the health regions and adjust services as regional health authority mental health services develop.

The relationship between the AMHB and the regional health authorities continued to mature and strengthen. Integrated mental health services in the regions have several distinct components, each of which may be delivered or provided by either the AMHB or the regional health authority. The combined services comprise a complete regional mental health program.

Joint management positions in 11 of the 17 regions provided a mechanism for managers to report jointly to the AMHB and the regional health authority. Each region has its own integrated mental health service delivery model based on the capacity of the region and the resources available to implement services. The Medical Director, Adult Community Mental Health Services,

was appointed this year. This role is to enhance regional and provincial psychiatric and medical services in collaboration with colleagues in each region.

The joint work of Alberta Hospital Ponoka and the Calgary Regional Health Authority resulted in better tracking and reporting on referrals, admissions and occupancy. (A new referral process was developed.) As a result, clients received better service and had better access to beds.

The Geriatric Psychiatry* Program improved continuity of services through collaboration with the regional health authorities, community mental health services and other community service providers (family physicians, home care, continuing care, geriatric medicine). The Forensic Psychiatry* Program also continued to collaborate with and complement the services of the regional health authorities. The Brain Injury Rehabilitation* Program began developing an outpatient/follow-up clinic and setting up Community Geographic Teams* to help clients make a smoother transition back into the community. The Adult Psychiatry* Program established information-sharing protocols with community mental health clinics.

Objective 2.5

To ensure sustainability of mental health services.

Strategy: Positive outcome evaluation and available resources will determine the sustainability of new initiatives.

The Eating Disorders Program was fully implemented with:

- a provincial steering committee to monitor implementation and determine future needs
- enhanced services in Edmonton and Calgary
- specialists in northern, central and southern Alberta to consult with and educate rural staff

Two major educational events on eating disorders were held this year. The first was a two-day orientation/education workshop in Edmonton on January 30 – 31, 2001, for all AMHB staff in the province who serve clients with eating disorders. The second was a two-day Eating Disorder Conference in Calgary on March 22 – 23, 2001. The conference was open to all professionals and provided an opportunity for networking, collaboration and learning about advances in the field regarding prevention and treatment. The conference provided continuing education medical credits (CACMS, ACCME) for physicians who participated.

Strategy: Regional per capita funding will occur when new initiatives are proposed.

Community Mental Health Services took on new initiatives only as funding was received (funding specifically for initiatives or per capita funding). The community clinics implemented the following services as resources permitted: student health, eating disorders, children's mental health, crisis services and forensic* adolescents services.

Objective 2.6

To enable people with mental illness to live in the community.

Strategy: Take the leadership role in advocating and collaborating with other health and human services to ensure equitable access to housing, work, income, education, transportation and recreation services for youth, seniors and adults with mental illness.

Local inter-agency committees across the province were put in place to look at issues of concern to people with mental illness, and their families. The Geriatric Psychiatry* Program maintained a strong focus on community care, and the Brain Injury Rehabilitation* Program collaborated with community partners on housing and other issues.

The AMHB identified inequities in community support funding for persons with a brain injury and a mental illness. Presentations on this issue were made in response to two Alberta Health and Wellness initiatives: the Brain Injury Coalition Action Group and the development of the Building Better Bridges report. The AMHB will continue to actively work to see these inequities addressed.

The AMHB reviewed policy options and issues. As a result it adopted a policy position reinforcing that it will provide clinical and psychosocial supports, advocacy and collaboration to ensure the housing needs of people with mental illness are met.

Goal 3. To improve the mental health and well-being of Albertans through AMHB strategies for protection, promotion and prevention.

Goal 3 Key Performance Measures

1. Rating of public knowledge of mental illness

Percentage of the public who identify one sign or symptom of mental illness.

Pre-campaign baseline indicates that 80 per cent of those surveyed could identify one sign or symptom.

Target: 90 per cent

Result: Eighty-three per cent of respondents were able to identify one sign or symptom (2000 post-campaign). This represents a slight increase over the baseline and the 1999 campaign, but is 7 per cent below target.

2. Ratings of public attitudes towards mental illness

Percentage of public who believe people can live with a reasonable quality of life even with a mental illness. Baseline measures indicate 88 per cent of those surveyed believed people with mental illness could live well.

Target: 88 per cent

Result: Eighty-one per cent of respondents perceived that people can live well with a mental illness (2000 post-campaign). The recent campaign result is an increase compared to the post — campaign of 1999 (74 per cent). However, this finding was seven per cent below the target of 88 per cent.

1999 (Baseline)	1999 (Post)	2000 (Post)
88%	74%	81%

3. Ratings of Perceived Personal Relevance of Mental Illness to Members of the Public

Percentage of the public who are aware that they could very likely be affected by mental illness. Baseline measures indicate 49

per cent of those surveyed believed they or a family member could develop "mild depression" but that more severe mental illnesses are less prevalent than many other illnesses.

Target: 50 per cent

Result: Sixty-two per cent of respondents indicated they could be affected by mental illness. This is 12 per cent above the target for the reporting period. The key performance measure was expanded to incorporate a broader operational definition of "Perceived Personal Relevance."

4. A process record of promotion project activities.

Target: Define promotion activities and record baseline.

Result: Agreement on an operational definitions has been achieved. Work on a baseline recording of program related promotional activities is underway.

Objective 3.1

To reduce the stigma of mental illness.

Strategy: Continue to implement and evaluate public awareness.

The AMHB participated in Mental Health Week in May and Mental Illness Awareness Week in October by placing anti-stigma messages on radio and TV and in newspapers. Local anti-stigma activities increased during 2000 – 2001. For example: depression screening, information displays, placemats in restaurants, consumer plays and performances, information luncheons and lectures. Claresholm Care Centre worked extensively with the community to present information on a variety of mental health issues and provided excellent access to the site for learning purposes. Alberta Hospital Edmonton also participated in promotional projects. A survey conducted after the fall campaign (2000) showed some (slight) positive change in public attitudes.

The AMHB formed a foundation to secure resources for education. The foundation provided a four-part wellness series on skills

for coping with demands of life and work, and 414 people from all parts of the province attended — many through videoconferencing services. The participant evaluation summary indicated that 99 per cent of attendees agreed that the series helped them make some positive and long-lasting changes in their lives.

Strategy: Organize and co-sponsor a conference on the impact of mental illness in the workplace for October 2000.

The AMHB hosted this conference, called "The Bottom Line," in partnership with the City of Calgary and the Canadian Mental Health Association. The focus of this event was to explore the impact of mental illness in the workplace and community. The conference received good support from business and government/public sector groups, with 359 persons attending. One of the outcomes was a commitment by the AMHB to help establish a western business and economic roundtable on mental health.

Strategy: Work with educational institutions to strengthen positive professional attitudes and interactions with people with mental illness.

The AMHB promoted partnerships with various post-secondary institutions through joint initiatives, contractual arrangements for student placements and employee training, and teaching appointments. The number of practicum placements was increased.

The AMHB has a longstanding relationship with Grant MacEwan College for the training of psychiatric nurses. This year the AMHB worked with Grant MacEwan College to ensure that the needs of aboriginal people are included in training. See Objective 1.1. The AMHB also supported Grant MacEwan's Aboriginal Studies program through practicum placements and career fairs.

Plans are underway to use research results on the attitudes of health professionals towards mental illness in the AMHB's work with educational institutions.

Objective 3.2

To encourage communities to accept and include people with mental illness.

Strategy: Work with government and other partners to increase employment, housing and social opportunities for people with mental illness.

The AMHB participated on housing committees in some communities and regions. Partnerships with Alberta Human Resources and Employment were established to improve employment options for clients.

Objective 3.3

To reduce risk variables for clients, families and service providers.

Strategy: Provide crisis services in collaboration with other service providers.

The AMHB created a single, province-wide, toll free help and information line that provides access to crisis management help, information on mental health services and support, and a concerns resolution process. This service operates 24 hours a day, seven days a week. The AMHB worked with communities, regions and other crisis line service providers to ensure that services will be appropriate and effective. Community Mental Health Services, Alberta Hospital Edmonton and Alberta Hospital Ponoka participated in the establishment and development of this service.

Mobile crisis response services continued to expand in communities and regions, and some regions have crisis stabilization beds. An evaluation of crisis services was completed. Evaluation data was reviewed to determine the next steps in response to report recommendations.

Strategy: Implement suicide prevention strategies.

The AMHB provided leadership in the development of provincial government policy and initiatives on suicide prevention (the provincial Suicide Prevention Program). A Provincial Suicide Prevention Coordinator was hired in the fall of 2000, and a suicide prevention framework developed. Research was conducted with funding from the Alberta Heritage Foundation for Medical Research.

Strategy: Participate in the Student Health Initiative.

The Student Health Initiative (SHI) is one of the priorities of the Alberta Children and Youth Initiative. The goal of the SHI is to improve access to and enhance the provision of integrated health and related support services for children with special health needs so that they can participate fully in their education programs and be successful at learning. The AMHB participated in the 20 regional Student Health Partnerships that have been developed throughout the province to implement this goal — along with school authorities, regional health authorities, child and family service authorities and other stakeholders. The AMHB was also represented on the SHI Provincial Working Group, which also includes representatives from Alberta Learning, Alberta Health and Wellness, and Alberta Children's Services. This working group collaboratively plans and manages the SHI and supports the related partnerships. The Student Health Initiative is being evaluated.

Strategy: Decrease environmental risks for clients and service providers in facilities and the community.

The AMHB adheres to values statements for the design of facilities that serve people with mental illness. This document, which includes 19 statements, highlights the importance of these and other matters: respect for differences in age, gender and culture; maximum participation of clients, families, friends and significant others; access for persons with disabilities; respecting the dignity and privacy of clients; provision of quality care; cost-effective service delivery; freedom of movement for clients; and a range of flexible spaces that respond to the needs of clients.

Goal 4. To optimize the effectiveness of the AMHB.

Goal 4 Key Performance Measures

1. The Board has the information it requires to ensure effectiveness in the organization's performance.

Target: Identify governance-related information needs and provide what is currently available.

Result: An organizational performance report with governance-level information was developed.

2. The Executive Management Committee has the information required to ensure effectiveness in organizational management.

Target: Identify management-level information needs and provide what is currently available.

Result: An organizational performance report with executive management level information was developed to monitor and improve organizational effectiveness.

Objective 4.1

To establish strategic plans in key areas of the organization.

Strategy: Establish the following: financial plan, long-term capital plan, information management plan, human resources plan and communications plan.

For information on the capital plan, please see page 31.

In March 2001, an **information management plan** has been developed and under review. The AMHB has:

- implemented quarterly reports on organizational performance and service utilization
- established a three-year plan for developing and implementing outcomes indicators across the organization
- established a performance indicator group to help with the monitoring of progress towards business plan targets

- further developed the AMHB's information directory

- worked with Canadian Institute for Health Information (CIHI) to develop national indicators for mental health

- analyzed external sources of information (Alberta Health and Wellness, CIHI, Statistics Canada)

Community Mental Health Services worked on methods of information collection and reporting.

As well, AMHB Information Services:

- upgraded AMHB Internet services

- established an AMHB intranet

- implemented a software system to determine the total cost of personal computer ownership

- introduced ARMHIS software to a total of 598 workstations for use in Community Mental Health Services

- developed web-based training for ARMHIS users

- began the migration to Windows 2000

- redesigned and upgraded the AMHB web site (www.amhb.ab.ca)

Human resources plan. The AMHB developed a strategic human resources planning framework for Community Mental Health Services, and began working on an organization-wide plan. Data was collected to create a Health Workforce Plan. (See Appendix A.)

The **communications plan** required that all communications projects conducted during the fiscal year be related to three priority areas: branding, raising awareness and changing attitudes. These are just a few examples of the many communications projects undertaken:

- Branding — provided support and direction regarding the AMHB visual identity and advised on methods of describing services to Alberta citizens.

■ Awareness — provided information packages, reports, news releases, newsletters and fact sheets to help raise public awareness of mental health issues and challenges.

■ Attitudes — provided ongoing support for mental health promotion.

The **financial plan** for 2001/02 to 2003/04 was endorsed by the Resources Committee of the Board on January 24, 2001.

Objective 4.2

To implement a self-assessment to measure Board and management performance.

Strategy: Complete annual Board evaluation and CEO performance assessment, using the AMHB template.

The Board completed two CEO evaluations, one at the six-month mark, and one at the end of the fiscal year. As well, the Board's evaluation of the whole Board and its subcommittees was completed in May 2000. (Each committee establishes its priorities annually and develops an action plan for each priority. See a summary of the committees' activities on page 7.)

Challenges and Future Directions

The Alberta Mental Health Board made significant progress towards achieving its goals during the 2000 – 2001 fiscal year. At the same time, there is much that remains to be done.

The AMHB's business plan for 2001 – 2003 identifies several major challenges for the future. To effectively serve its clients, the AMHB will take steps in three priority areas: **leadership and advocacy, provision of services and partnerships.**

The AMHB will assume leadership in and advocate for mental health throughout the province. **Leadership and advocacy** activities that will either continue or be undertaken in the coming months include promotion of mental health, prevention of mental illness, performance monitoring, research, treatment, advocacy for appropriate housing and income for people with mental illness, and an increased focus on aboriginal mental health issues. Public awareness campaigns on mental illness and mental health will continue over the next two years.

The AMHB will ensure that the **provision of service** is coordinated, integrated and provincially focused. The AMHB's facility-based and community services will be co-ordinated with the services of other agencies and groups.

A provincial service delivery framework will continue to evolve as follows:

- implement provincial programs that have a community service capacity (Year 1)
- establish a mental health needs assessment system and measurements of effectiveness (Year 2)
- monitor and evaluate mental health services and programs (Year 3)

The clients of the AMHB are children and adults who have, or are at risk of developing, a mental illness, with an emphasis on those with severe and/or

persistent mental illness. This group has diverse needs, and communities they live in offer differing levels of resources and systems for delivering services. The AMHB will continue to work toward responding effectively to these diverse needs and making services accessible. Plans to address this challenge include:

- focusing on recruitment, retention and knowledge of professional staff, and exploring evidence-based models of community service (Year 1)
- exploring new models of staffing and partnership for service delivery (Years 2 and 3)
- improving access to services across Alberta

The AMHB will enhance and continue to develop collaborative **partnerships** with stakeholder groups throughout Alberta in an accountable system. The AMHB will support the formation of regional, provincial and government partnerships that provide integrated mental health services for Albertans.

Priority areas for the next three years include:

1. Continue to develop and implement provincial programs,* with increased emphasis on tertiary care (outreach*) and defined roles for these and other programs.
2. Strengthen monitoring, research and continuous improvement in the organization.
3. Attend to human resource needs in the areas of recruitment and retention, labour relations and workplace wellness.
4. Support the mental health needs of children/youth and aboriginal people.
5. Redevelop AMHB facilities and acquire appropriate space to accommodate the needs of clients and staff in community and facilities.
6. Advocate for clients in the areas of housing and equity of personalized supports and income programs.

Capital Plan

Alberta Infrastructure manages capital projects at Alberta Hospital Edmonton and Alberta Hospital Ponoka through a Capital Project Charter that the AMHB and Alberta Infrastructure jointly signed in January 2001.

The AMHB has developed a values statement on the design of facilities that meet the needs of persons with mental illness. A long-term capital plan is under development.

Work is ongoing on developing consistent standards for facilities across the province. A security review was completed in September 2000 and new technology is being considered to provide a more reliable security system. Some mental health clinics are being relocated (for example, Red Deer) to provide for physical integration with the regional health authorities.

The piling and substructure was completed for the Adult Psychiatry* Program and Geriatric Psychiatry* Program at Alberta Hospital Ponoka. The superstructure for the Geriatric Psychiatry* Program has begun.

Management Discussion and Analysis

As the role of the Alberta Mental Health Board's delivery of mental health services continues to evolve, strategies are being implemented in the pursuit of three key priorities. The priorities include leadership and advocacy for mental health services, the pursuit of a coordinated, integrated provincially focused approach to mental health services and the development of collaborative partnerships.

Implementation of the four provincial programs — Adult Psychiatry,* Brain Injury Rehabilitation,* Geriatric Psychiatry,* and Forensics Psychiatry* — commenced during the last fiscal year. A Provincial Programs Management Committee meets monthly to oversee and provide direction to each program. The Administrative and Medical Directors for the Brain Injury Rehabilitation* and Forensic Psychiatry* Programs have been appointed. It is anticipated that appointments for the Adult and Geriatric Psychiatry* Programs will be finalized during the second quarter of the 2001 – 2002 fiscal year. These programs will be evaluated this year to ensure accountability of the programs in delivering the services to the target populations.

Each of the provincial programs is implementing a community geographic team* that will strengthen the links between facilities, regional health authorities and community mental health services for those requiring specialized services. Community and home-based services continue to be the fastest growing division of the AMHB. The AMHB implemented enhanced per capita funding for adult and children's community mental health services in 2000 – 2001. The funding formula follows the population based funding model that is used by Alberta Health and Wellness. In order to meet the demand for additional services, the AMHB is advocating for further per capita funding for communities.

The facilities have continued to see an increase in admissions. Funding for these programs has been increased in 2001 – 2002 to match service demands. The budget for the facilities will be analyzed throughout the upcoming fiscal year to ensure an equitable distribution of funding.

Initiatives such as children's mental health, student mental health, eating disorders, aboriginal mental health and suicide prevention continue to focus on needs of clients and their families as the mental health system evolves. The establishment of a comprehensive framework of mental health services for children is a strategy identified as part of the Alberta Children and Youth Initiative.

The AMHB's requests for additional funding for enhanced services in the areas of children's mental health, per capita funding for Community Mental Health Services, forensic services, and suicide prevention programs are aligned with the AMHB's Business Plan for 2001/02 – 2003/04. Without the addition of this funding, expansion of these initiatives will be curtailed.

The long-term capital plan to improve the quality of services and surroundings of mental health clients moved towards its completion date of 2003. The AMHB received approval in November 1999 for \$95 million to redevelop Alberta Hospital Ponoka. As at March 31, 2001 approximately \$10,500,000 had been expended on this project. The 2001 – 2002 fiscal year will see another \$40 million expended for this project.

The Department of Capital Projects and Redevelopment was established in October 1999 to assist the AMHB in ensuring that capital assets are developed to support the goals of the Business Plan.

Capital projects that are submitted to Alberta Infrastructure for consideration are prioritized, based on the following criteria:

- long-term impacts on the Six Point Plan for Health
- impact on patient care or safety
- facilitating the improved delivery of care
- projects that are necessary for building structure or system integrity
- projects that provide for increased efficiency of operations
- maintenance projects that cannot be funded through existing operating budgets

It is important to ensure that all AMHB programs and services operate effectively to better serve the mental health clients of Alberta. The AMHB is committed to fulfilling its mandate as outlined in the introductory section of this annual report.

The AMHB is also committed to fulfilling its advocacy role by continuing to liaise with a wide range of stakeholders (client, families, communities, regions, provincial organizations, government departments and other Alberta citizens) and to reconciling this feedback with the AMHB's mandate and priorities.

The 2001 – 2002 Financial Plan:

- addresses business plan priorities and programs through advocating for funding in these areas — e.g., suicide prevention and children's mental health
- continues to increase funding at the community levels
- continues to utilize surplus funds for one-time demonstration projects, particularly with respect to community mental health
- presents a balanced operating budget
- presents capital funding that is equal to or greater than current internal amortization levels

Existing and Future Initiatives

The plan continues to build on service delivery areas that have been started in previous years and to develop new initiatives that will improve client service and move the AMHB towards achieving the business plan goals and objectives:

- increased funding for children's mental health initiatives
- increased funding for the Suicide Prevention Program
- enhancement of the Eating Disorders Program
- increased per capita funding for the community
- utilization of a per capita formula, based on the provincial funding formula, to allocate community funding, thereby enhancing the opportunity to achieve equity between regions
- continued support for one-time demonstration projects such as the Clubhouses* and children's mental health staff training
- exploring partnership opportunities with other health authorities where appropriate in the area of joint provision of mental health services within the region
- continued implementation of the four provincial programs
- continued development of adequate and culturally appropriate mental health services for the aboriginal community

Priority setting

The Plan includes the addition of new initiatives; however, they do not represent the full list of programs identified as desirable by the operations staff. There are many competing priorities for limited resources and only those that are identified to fit the business plan objectives and goals and as having the greatest impact on service delivery have been selected. Other projects will be considered, as funding becomes available.

Financial Highlights

The AMHB ended the fiscal year with a surplus of revenue over expenses of \$4,849,000, compared to a budgeted surplus of revenues over expenses of \$4,984,000. Revenues for the year totalled \$224,801,000 while total expenses were \$219,952,000.

Following are the major sources of the overall net unfavorable variance of \$135,000.

Revenues

■ Other government contributions had a favourable variance of \$3,722,000, due to the increase in revenue generated from Student Health Initiative Partnerships and the return of surplus funds from government agencies contracted by the AMHB.

■ Investment and other income had a favourable variance of \$2,290,000, due to an increase in investment revenue generated and the return of contract surplus funds from non-government funded agencies.

Expenditures

■ Facility-based inpatient services, emergency and outpatient services, continuing care services, and diagnostic and therapeutic services reflect a negative net variance of \$12,151,000. This is due to an increase in costs relating to drugs, utilities, constant care, manpower and expansion of programs. Manpower costs would include union negotiated increases, over time, on-call and replacement shifts.

■ Community and home-based services resulted in a favourable variance of \$9,330,000 due to funding for 2001 – 2002 being received part-way through the year and community initiatives in start-up phase.

■ Information technology and alberta we//net resulted in a negative variance of \$1,491,000 as a result of increases in costs relating to data communications, equipment maintenance, minor equipment and computer hardware.

■ Support services resulted in a negative variance of \$2,131,000 as a result of increased utility costs and negotiated union increases.

Key Financial Indicators

			Business Plan		
	Actual 1999 – 00	Actual 2000 – 01	Budget 2001 – 02	Budget 2002 – 03	Budget 2003 – 04
Sustainability					
1. Working Capital Ratio	1.56	1.66	1.80	0.82	
2. Borrowing Accessed Ratio	N/A	N/A	N/A	N/A	
Assets					
1. Remaining useful life of capital equipment (in years)	5.23	3.55	3.05	3.34	2.39
2. Equipment Reinvestment to Consumption	244.47%	85.61%	104.73%	119.08%	91.87%
3. Internally Funded Equipment	50.92%	52.85%	58.19%	50.00%	47.96%
4. Externally Funded Equipment	49.08%	47.15%	41.81%	50.00%	52.04%
5. Remaining useful life of facilities (in years)	16.90	27.96	58.71	69.73	
6. Facility & Improvements Reinvestment to Consumption	109.61%	648.15%	2638.52%	308.81%	
7. Internally Funded Facility & Improvements	0.00%	0.00%	0.00%	0.00%	
8. Externally Funded Facility & Improvements	100.00%	100.00%	100.00%	100.00%	
Revenue					
1. AH & W Funding Coverage Ratio	93.97%	93.10%	93.37%	86.85%	
2. AH Funding per Capita	N/A	N/A	N/A	N/A	
3. Funding per Capita, Net of Import/Export	N/A	N/A	N/A	N/A	
4. Import/Export Funding Adjustment Ratio	N/A	N/A	N/A	N/A	
Expenditures					
1. Ratio of Administration Cost	5.60%	5.57%	6.29%	5.76%	
2. Distribution of Expenses	See attached graphs				

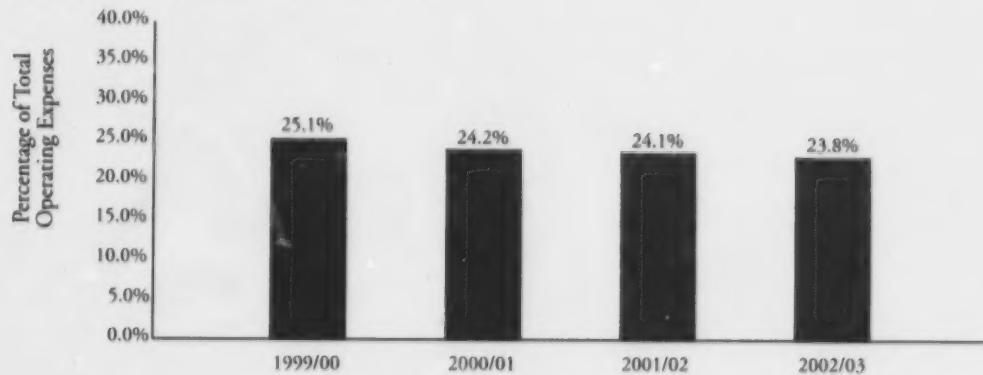
Notes:

Ratio of Administration Costs are calculated using total expenses including one-time Board Initiatives in each of the years as follows: 1999/2000 \$2,219,000, 2000/2001 \$1,279,000, 2001/2002 \$1,613,000, 2002/2003 \$1,161,000. If these amounts were not included in this calculation the administration ratios would be 5.59%, 5.57%, 6.01% and 5.68% respectively.

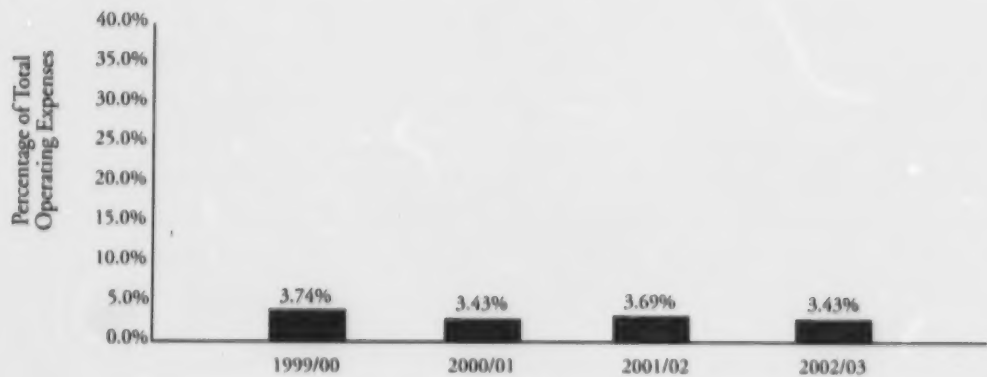
Distribution of Expense Ratio

In order to monitor trends in service delivery, a calculation is performed for each major financial statement cost category and expressed as a percentage of total operating expenses. (Please refer to the following graphs; calculations for the graphs were taken from figures in the Business Plan.)

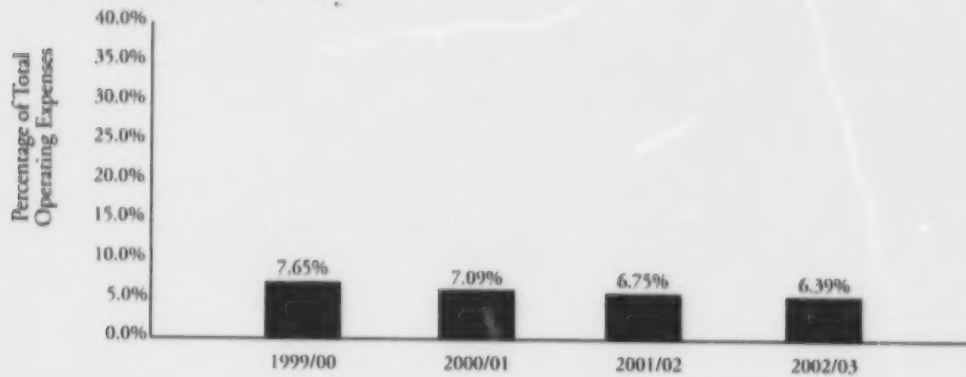
Facility-Based Inpatient Acute Services



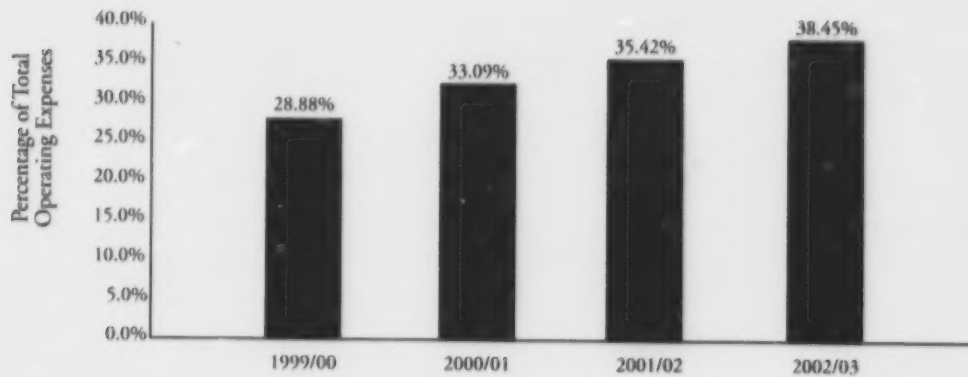
Facility-Based Emergency and Outpatient Services



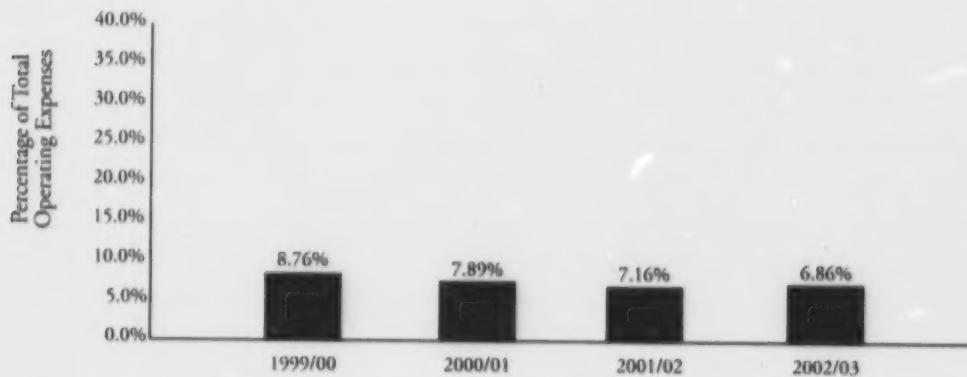
Facility-Based Continuing Care Services



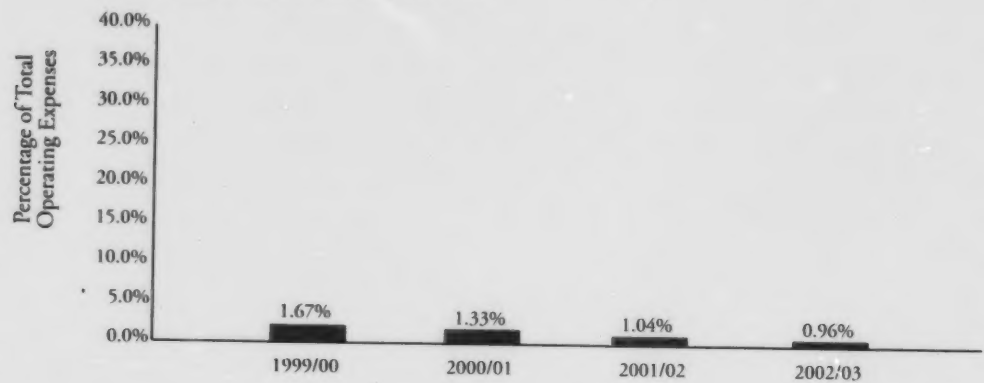
Community and Home-Based Services



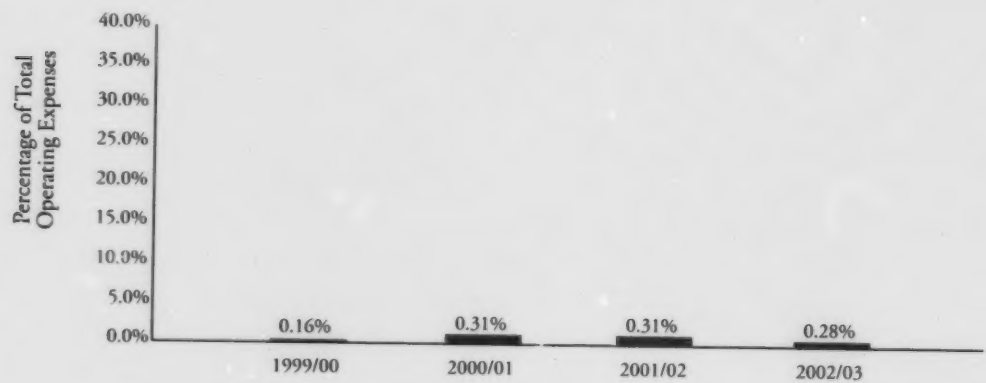
Diagnostic and Therapeutic Services



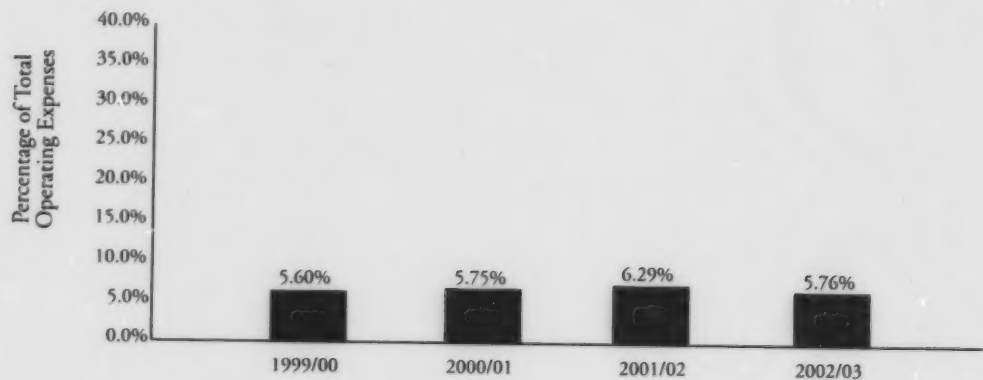
Promotion, Prevention and Protection Services



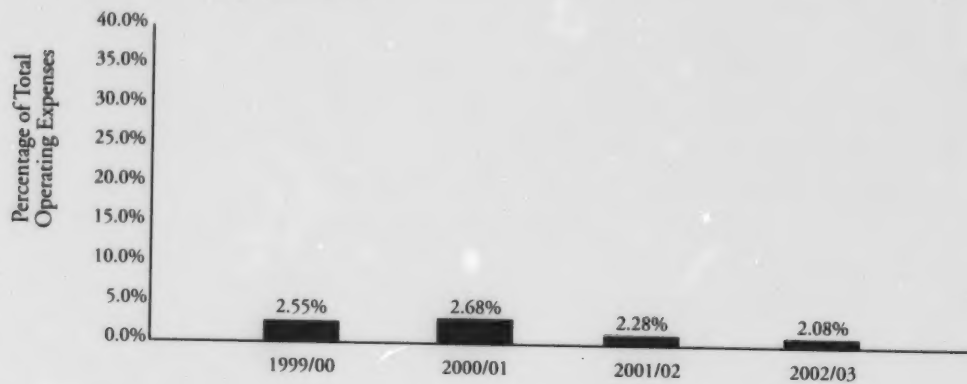
Research and Education



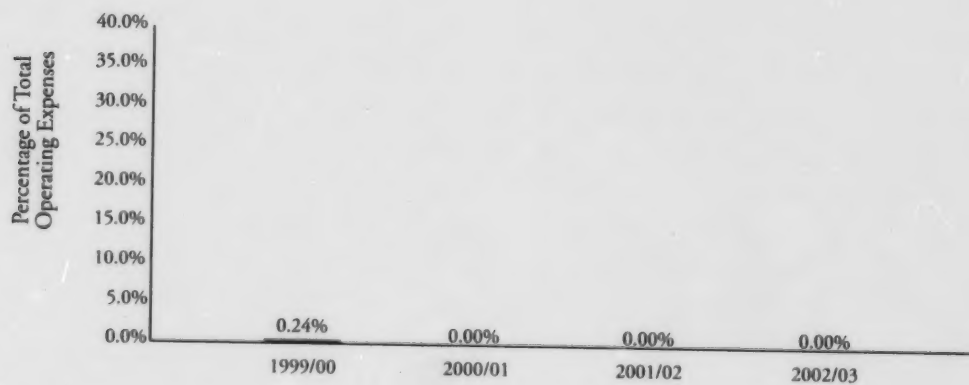
Administration



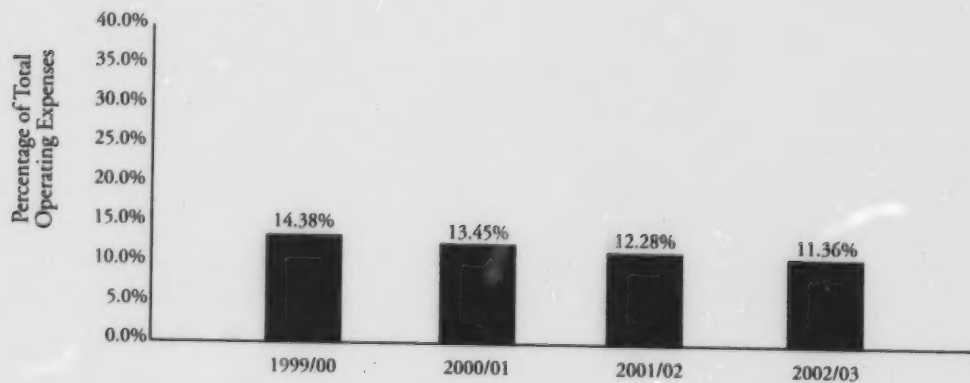
Information Technology and we//net



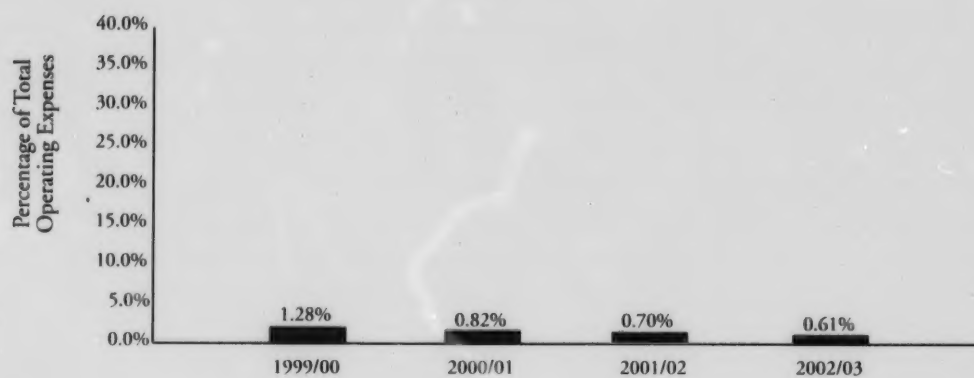
Y2K Remedial Costs



Support Services



Amortization of Facilities and Improvements



Provincial Statistics

April 1, 2000 to March 31, 2001

Selected Provincial Program Service Indicators

Age and Gender of AMHB Patients/Clients

Admissions to AMHB Provincial Programs and Enrolments to AMHB Community Mental Health Clinics (by Patient/Client Home Region)

Medical Diagnosis (on Discharge) — Brain Injury Rehabilitation Provincial Program

Diagnosis (on Discharge) — Geriatric Psychiatry Provincial Program

Medical Diagnosis (on Discharge) — Geriatric Psychiatry Provincial Program

Diagnosis (on Discharge) — Adult Psychiatry Provincial Program

Diagnosis (on Discharge) — Provincial Forensic Psychiatry Program

Diagnosis (on Closure) — AMHB Community Mental Health Clinics

Psychosocial Stressors — AMHB Community Mental Health Clinics

Telemental Health Service — % of Activity by Number of Sessions

Telemental Health Service — Clinical Consultations

Distinct Individuals — AMHB

Client/Patient Representative Indicators

Selected Provincial Program Service Indicators

April 1, 2000 – March 31, 2001

Program	Admissions	Discharges	Deaths	Discharges Against Medical Advice	Readmissions within 30 Days	Average Length of Stay in Days (Discharged Patients)	Occupancy Rate (including LOA's)	Occupancy Rate (excluding LOA's)
Provincial Forensic Psychiatry Program	666	648	3	1	51	160.63	115.27	89.42
Adult Psychiatry Provincial Program	2181	2165	7	165	238	87.93	111.39	92.35
Geriatric Psychiatry Provincial Program	374	360	41	8	10	352.02	91.63	88.25
Brain Injury Rehabilitation Provincial Program	51	62	2	0	1	293.74	84.97	71.71
Total:	3272	3235	53	174	300	134.95	103.41	88.68

Notes:

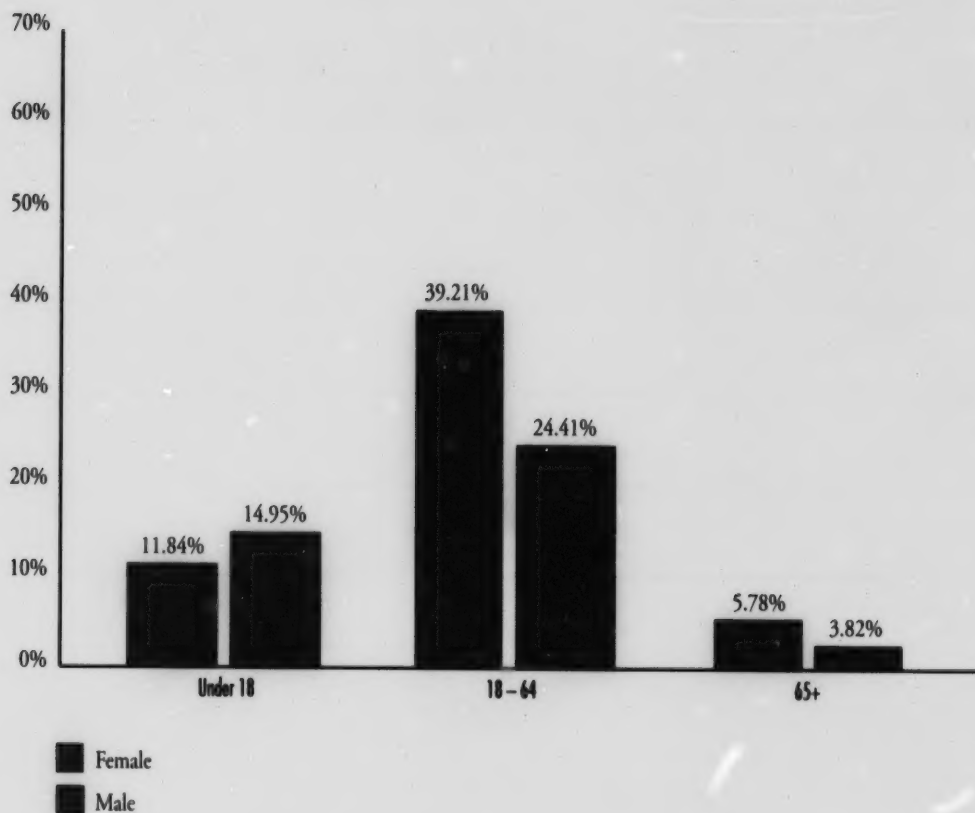
1. "Readmissions within 30 days" is reflective of those patients who were discharged from hospital and subsequently readmitted into hospital within 30 days. This item is a routine performance indicator for psychiatric facilities across Canada.
2. "Average Length of Stay in Days (Discharged Patients)" refers to the number of days spent in hospital for all patients who were discharged within the 2000/01 fiscal year.
3. "LOAs" are Leave of Absences and may be used for a variety of placement, treatment and social purposes.
4. Occupancy Rates in the Brain Injury Rehabilitation Provincial Program have been influenced by demands of other provincial programs.
5. Information from the Southern Alberta Forensic Psychiatry Program has been incorporated within the provincial totals, except for Average Length of Stay, and Occupancy Rates.
6. Length of Stay information is greatly impacted by the discharge of long-stay patients.

Highlights:

1. More than two-thirds of Admissions and Discharges originated from the Adult Psychiatry Provincial Program.
2. Nearly 80% of patient mortalities were reported by the Geriatric Psychiatry Provincial Program.
3. "Discharges Against Medical Advice" and "Readmissions within 30 days" occurred most frequently within the Adult Psychiatry Provincial Program.

Age and Gender of AMHB Patients/Clients

April 1, 2000 – March 31, 2001



Notes:

1. This chart reflects individuals served in AMHB Facilities and Community Mental Health Clinics.
2. This chart does not include information from the Southern Alberta Provincial Forensic Psychiatry Program.
3. Age is calculated at time of admission or enrolment.

Highlights:

- A. The total number of patients/clients under the age of 18 was 6455; the vast majority of these individuals were seen in Community Mental Health Clinics.
- B. 56.8% of patients/clients served were female; 43.2% were male.

Admissions to AMHB Provincial Programs and Enrolments to AMHB Community Mental Health Clinics (by Patient/Client Home Region)

April 1, 2000 – March 31, 2001

Regional Health Authority	Provincial Forensic Psychiatry Program	Adult Psychiatry Provincial Program	Geriatric Psychiatry Provincial Program	Brain Injury Rehabilitation Provincial Program	Enrolments in AMHB Community Mental Health Clinics	Total Regional Percentage
1 — Chinook Health Region	1.55%	3.94%	5.61%	5.88%	7.34%	6.92%
2 — Palliser Health Authority	1.24%	0.78%	0.00%	0.00%	8.81%	7.81%
3 — Headwaters Health Authority	0.31%	2.98%	4.55%	1.96%	5.35%	5.04%
4 — Calgary RHA	4.95%	11.55%	0.80%	15.69%	11.22%	11.01%
5 — RHA #5	0.62%	1.70%	2.14%	1.96%	3.80%	3.53%
6 — David Thompson Health Region	7.43%	28.89%	19.79%	15.69%	10.60%	12.39%
7 — East Central RHA	5.57%	5.59%	9.63%	3.92%	6.56%	6.50%
8 — WestView RHA	5.88%	3.48%	5.88%	3.92%	4.81%	4.72%
9 — Crossroads RHA	1.55%	5.32%	3.21%	0.00%	3.07%	3.25%
10 — Capital Health	51.08%	26.41%	35.29%	33.33%	13.88%	15.92%
11 — Aspen RHA	1.86%	1.93%	4.55%	0.00%	6.61%	6.07%
12 — Lakeland RHA	3.41%	3.35%	6.42%	5.88%	8.34%	7.78%
13 — Mistahia Health Region	2.17%	0.69%	0.27%	1.96%	3.82%	3.45%
14 — Peace Health Region	0.93%	0.41%	0.27%	0.00%	2.07%	1.87%
15 — Keeweenaw Lakes RHA	1.86%	0.55%	0.27%	0.00%	1.56%	1.45%
16 — Northern Lights RHA	1.86%	0.28%	0.00%	1.96%	2.05%	1.85%
17 — Northwestern Health Region	0.93%	0.23%	0.00%	0.00%	0.10%	0.12%
18 — Out of Province/Unknown	6.81%	1.93%	1.34%	7.84%	N/A	0.31%

Notes:

- Other individuals received services at the various facilities and clinics but are not reflected in the above table because admission date and/or enrolment date was prior to the 2000/01 fiscal year.
- "Total Regional Percentage" reflects the number of admissions and enrolments of patients/clients, from each region.
- This table does not reflect admissions to the Southern Alberta Provincial Forensic Psychiatry Program.

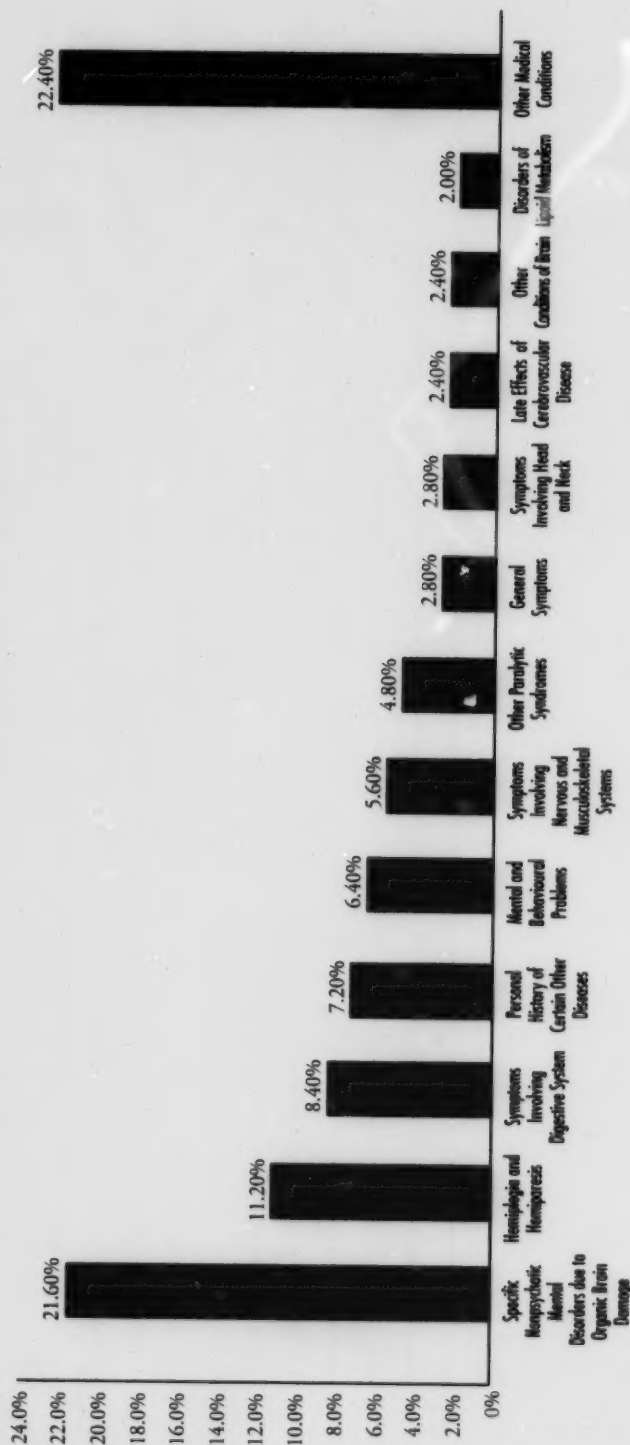
Highlights:

- Nearly 40% of all admissions (Percentage of Total Admissions) originated from Capital Health Region, David Thompson Health Region and the Calgary Regional Health Authority.
- More than one-third of enrolments in AMHB Community Mental Health Clinics originated from Capital Health Region, David Thompson Health Region and the Calgary Regional Health Authority.
- More than one-half of admissions to the Provincial Forensic Psychiatry Program originated from Capital Health Region. Admission figures to the Southern Alberta Forensic Psychiatry Program are not included in the above table. Therefore, the percentage of admissions to Calgary Regional Health Authority are under represented.
- More than two-thirds of admissions to the Adult Psychiatry Provincial Program originated from Capital Health Region, David Thompson Health Region and the Calgary Regional Health Authority.
- More than one-half of the admissions into the Geriatric Psychiatry Provincial Program originated from Capital Health and David Thompson Health Regions.
- Approximately one-third of admissions to the Brain Injury Rehabilitation Provincial Program originated from Capital Health Region, while slightly less than one-third of admissions originated from Calgary Regional Health Authority and David Thompson Health Region.

Medical Diagnosis (on Discharge) — Brain Injury Rehabilitation Provincial Program

April 1, 2000 — March 31, 2001

Patients served by the Brain Injury Rehabilitation Provincial Program experience a variety of disorders and conditions due to acquired brain injury. These disorders are more accurately described by general medical terminology. The following table represents the categories of medical conditions that patients of the Brain Injury Rehabilitation Provincial Program experienced.

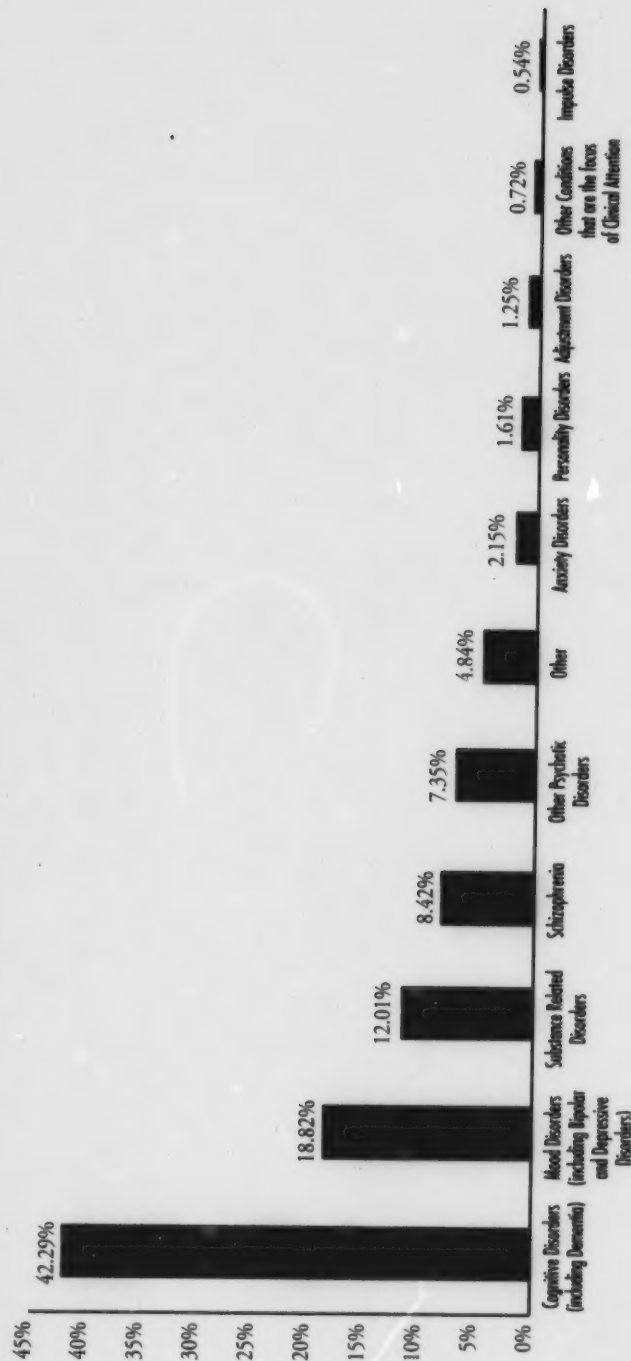


Notes:

1. This table reflects a count of all discharge diagnoses attributed to a particular patient. This table does not reflect distinct individuals.
2. This table represents the discharge diagnosis of patients according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
3. "Other Medical Conditions" includes a variety of medical disorders and conditions occurring at a low frequency, where a separate category is not warranted.
4. In addition to the above Medical Diagnoses, approximately 5% of patients were also diagnosed with Psychiatric Disorders (Cognitive Disorders and Substance Related Disorders).

Diagnosis (on Discharge) — Geriatric Psychiatry Provincial Program

April 1, 2000 — March 31, 2001



Notes:

1. This table reflects a count of all discharge diagnoses on Axis I and II. This table does not reflect distinct individuals.
2. This table represents the discharge diagnosis of patients according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV).
3. "Other Conditions that are a focus of Clinical Attention" represent clinically relevant conditions that do not meet the complete criteria within the major diagnostic categories.
4. "Other" includes various diagnoses that are not readily captured in the above categories.
5. In addition to a psychiatric diagnosis, approximately 58% of patients were also diagnosed with medical conditions. Approximately 77% of all patients discharged from this program had a medical diagnosis.

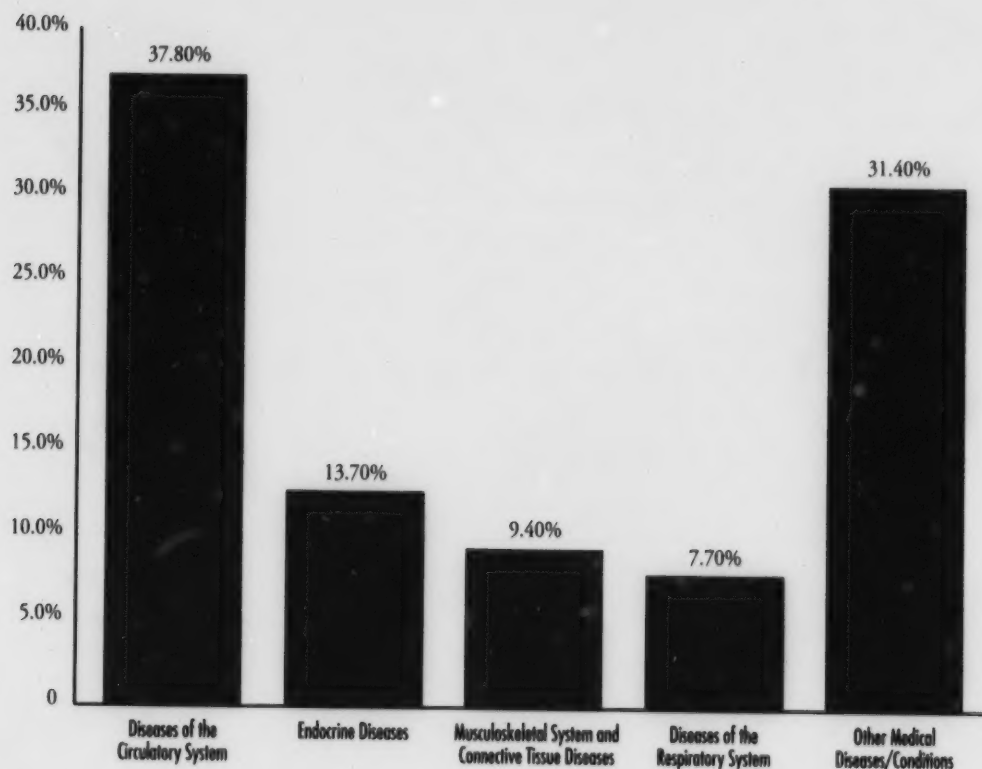
Highlights:

1. Cognitive Disorders (including Dementia) accounted for more than 40% of diagnoses in the Geriatric Psychiatry Provincial Program.
2. Nearly 20% of diagnoses were Mood Disorders (including Bipolar and Depressive Disorders).
3. Schizophrenia and Other Psychotic Disorders combined to account for more than 15% of diagnoses in the Geriatric Psychiatry Provincial Program.

Medical Diagnosis (on Discharge) — Geriatric Psychiatry Provincial Program

April 1, 2000 – March 31, 2001

The Geriatric population served by the AMHB often have a medical condition(s) in addition to their psychiatric disorder. This co-morbidity adds complexity to the needs of these clients, and has significant treatment implications. The following table highlights the most frequent medical diagnoses for this population.



Notes:

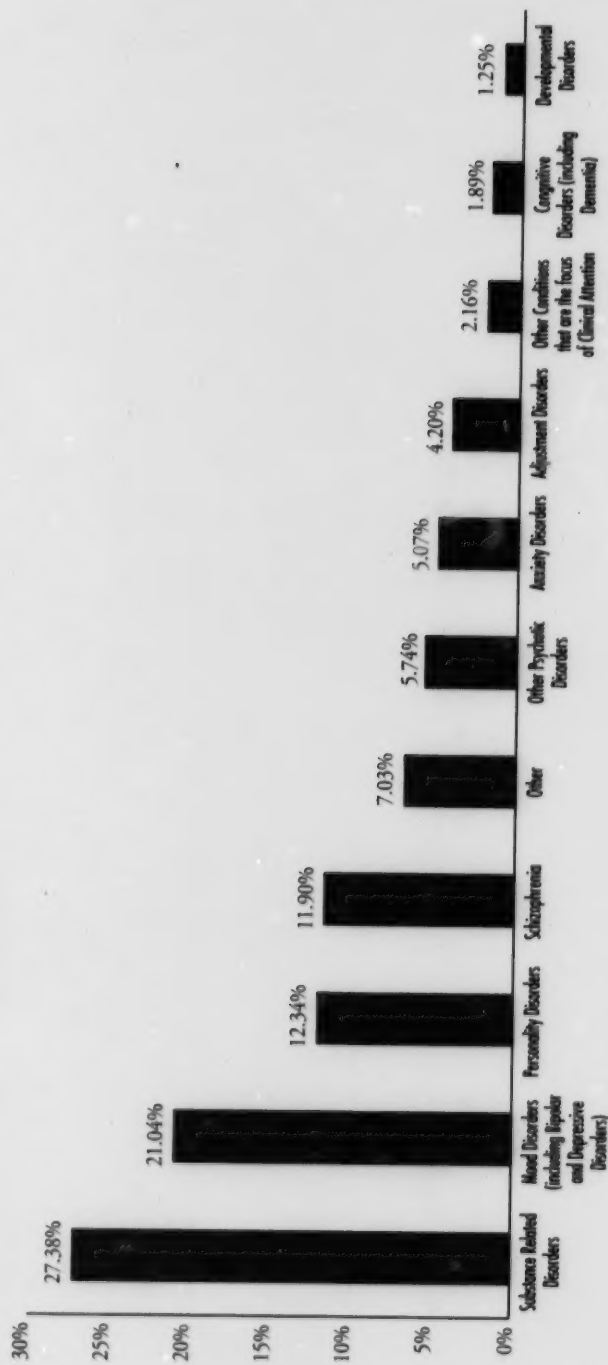
1. This table reflects a count of all discharge diagnoses on Axis III. This table does not reflect distinct individuals.
2. The above table is based on diagnoses within the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
3. "Other Medical Diseases/Conditions" includes a wide variety of disorders occurring at a low frequency, where a separate category is not warranted.

Highlights:

1. More than one-third of patients discharged from the Geriatric Psychiatry Provincial Program were diagnosed with Diseases of the Circulatory System.
2. Diseases of the Circulatory System occurred more frequently than Respiratory, Endocrine, Musculoskeletal and Connective Tissue Diseases combined.

Diagnosis (on Discharge) — Adult Psychiatry Provincial Program

April 1, 2000 — March 31, 2001



Notes:

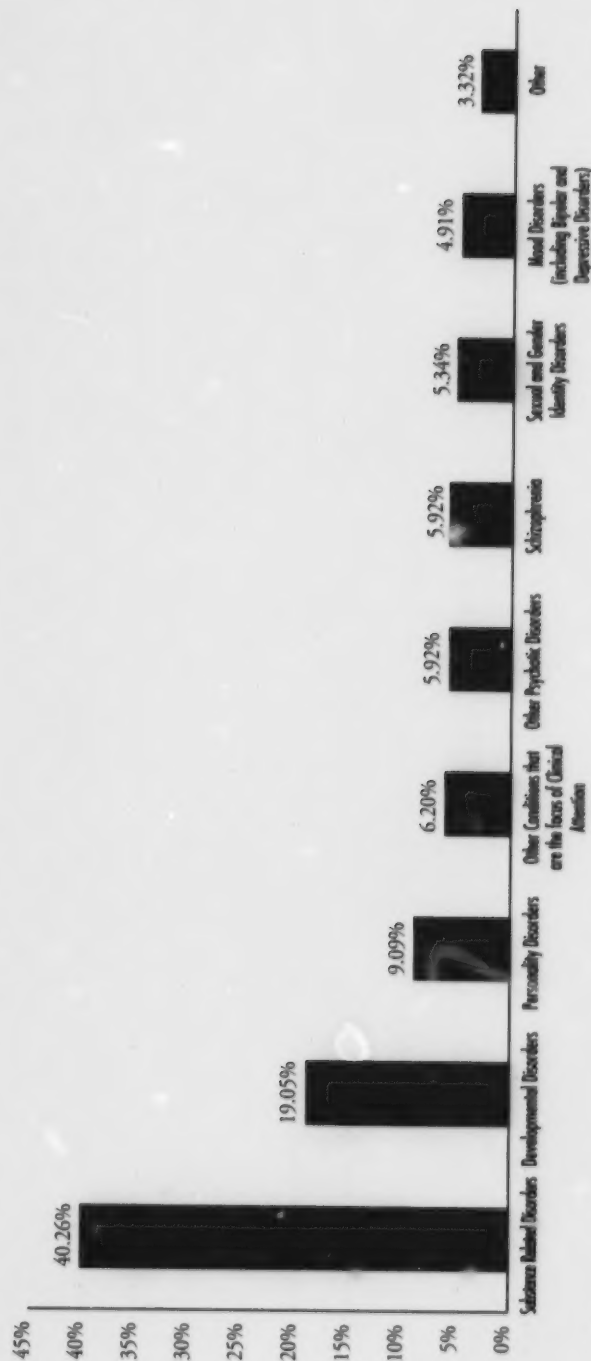
1. This table reflects a count of all discharge diagnoses attributed to a particular patient. This table does not reflect distinct individuals.
2. This table represents the discharge diagnosis of patients according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV).
3. "Developmental Disorders" includes Conduct, Behaviour, and Learning Disorders.
4. "Other Conditions that are the focus of Clinical Attention" are clinically relevant conditions that do not meet the complete criteria within the major diagnostic categories.
5. "Other" includes various diagnoses that are not readily captured in the above categories.
6. In addition to a psychiatric diagnosis, approximately 21% of patients were also diagnosed with medical conditions.

Highlights:

1. Mood Disorders (including Bipolar and Depressive Disorders) accounted for more than 20% of diagnoses in the Adult Psychiatry Provincial Program.
2. Schizophrenia and Other Psychotic Disorders accounted for more than 17% of diagnoses in the Adult Psychiatry Provincial Program.

Diagnosis (on Discharge) — Provincial Forensic Psychiatry Program

April 1, 2000 – March 31, 2001



Notes:

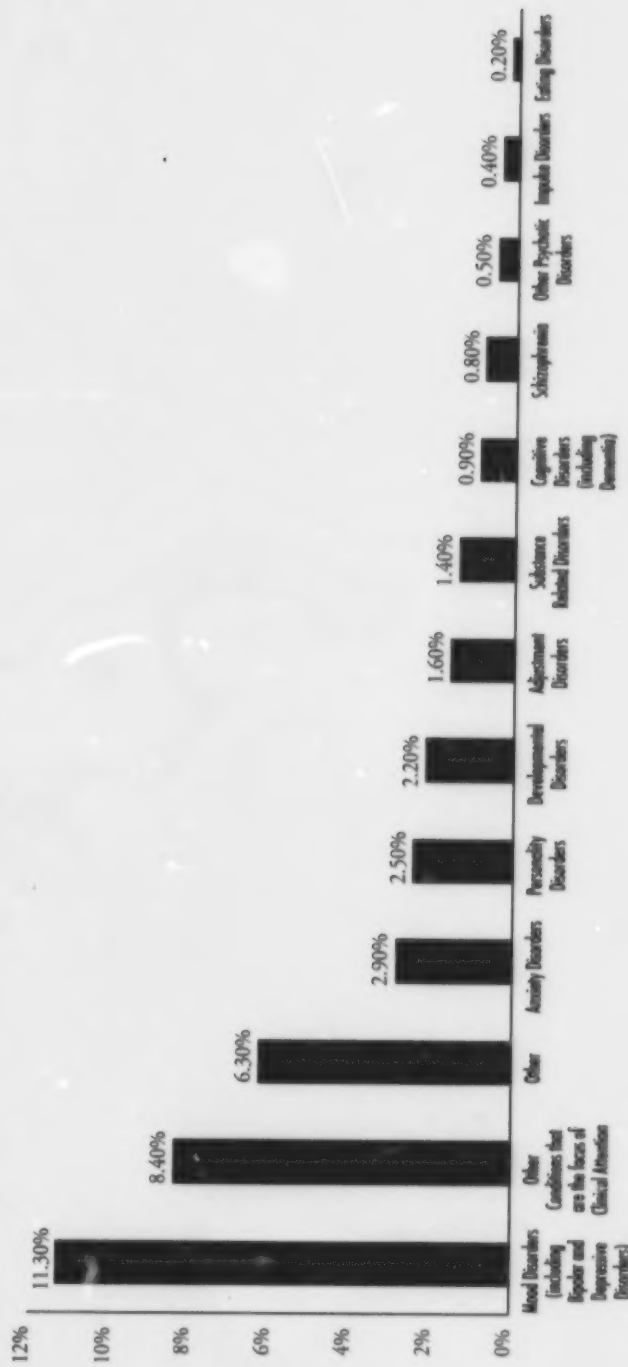
1. This table reflects a count of all discharge diagnoses attributed to a particular patient. This table does not reflect distinct individuals.
2. Diagnostic information from patients within the Southern Alberta Forensic Psychiatry Program is not included.
3. This table represents the discharge diagnosis of patients according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV).
4. "Developmental Disorders" includes Conduct, Behaviour, and Learning Disorders.
5. "Other Conditions that are the focus of Clinical Attention" are clinically relevant conditions that do not meet the complete criteria within the major diagnostic categories.
6. "Other" includes various diagnoses that are not readily captured in the above categories.
7. In addition to a psychiatric diagnosis, approximately 10% of patients were also diagnosed with medical conditions.

Highlights:

1. More than 40% of patients discharged from the Provincial Forensic Psychiatry Program were diagnosed with a substance related disorder. Substance related disorders are typically diagnosed in addition to another psychiatric diagnosis.
2. Developmental Disorders accounted for more than 19% of all diagnoses within the Provincial Forensic Psychiatry Program.
3. Schizophrenia and Other Psychotic Disorders combined made up more than 11% of all diagnoses in the Provincial Forensic Psychiatry Program.

Diagnosis (on Closure) — AMHB Community Mental Health Clinics

April 1, 2000 — March 31, 2001



Notes:

1. This table reflects a count of all closure diagnoses attributed to a particular client. This table does not reflect distinct individuals. Closure Diagnosis refers to the diagnosis attributed to a client when they discontinue accessing AMHB Community Mental Health Services.
2. "Developmental Disorders" includes Conduct, Behaviour, and Learning Disorders.
3. "Other Conditions that are the focus of Clinical Attention" are clinically relevant conditions that do not meet the complete criteria within the major diagnostic categories.
4. "Other" includes various diagnoses that are not mostly captured in the above categories.
5. This table represents the discharge diagnosis of patients according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV).

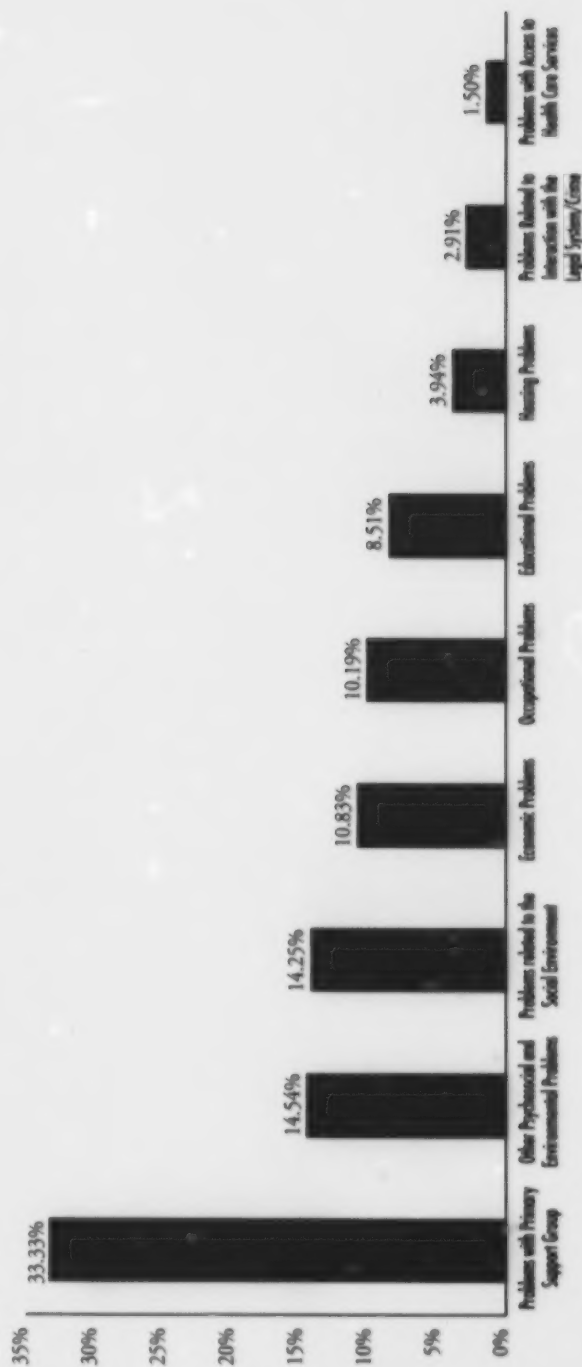
Highlights:

1. Because of the clinical needs of clients seen in AMHB Community Mental Health Clinics, it is important to view the above table in conjunction within the psychosocial stressors in the subsequent table.
2. Mood Disorders (including Bipolar and Depressive Disorders) were the most frequently reported diagnosis for clients accessing services at AMHB Community Mental Health Clinics.

Psychosocial Stressors — AMHB Community Mental Health Clinics

April 1, 2000 - March 31, 2001

Many clients who access AMHB Community Mental Health Clinics have a psychiatric diagnosis — see table "Diagnosis (on Closure)." Another component describing this population is the stressors they experience. The following table represents the psychosocial and environmental stressors of clients at the time they access AMHB Community Mental Health Clinics. These stressors often have a significant impact on the treatment and diagnosis of clients. These problems may be considered central to the overall clinical management of a client.



Notes:

1. The categories in this table are contained within Axis IV of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV).
2. "Other Psychosocial and Environmental Problems" includes exposure to natural disasters, discord with non-family caregivers, or unavailability of social service agencies.
3. "Problems Related to the Social Environment" includes death or loss of a friend, inadequate social supports, as well as acculturation and adjustment issues.

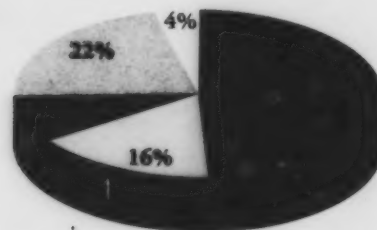
Highlights:

1. More than one-third of clients experienced psychosocial stressors related to problems with the primary support group.
2. More than one-fifth of clients experienced psychosocial stressors related to economic or occupational problems.

Telemental Health Service — % of Activity by Number of Sessions

April 1, 2000 – March 31, 2001

Source: AMHB Telemental Health Service



- Clinical-New
- Clinical Follow-up
- Learning/Education
- Administration
- Other

Average Wait Time for TMH Services (Clinical)

- New Consultation — 13 Days (approximately)
- Follow-up Consultations — 15 Days (approximately)

Highlight:

Wait time for Telemental Health Services is approximately two weeks. The wait time for new consultations is slightly less than for follow-up consultations.

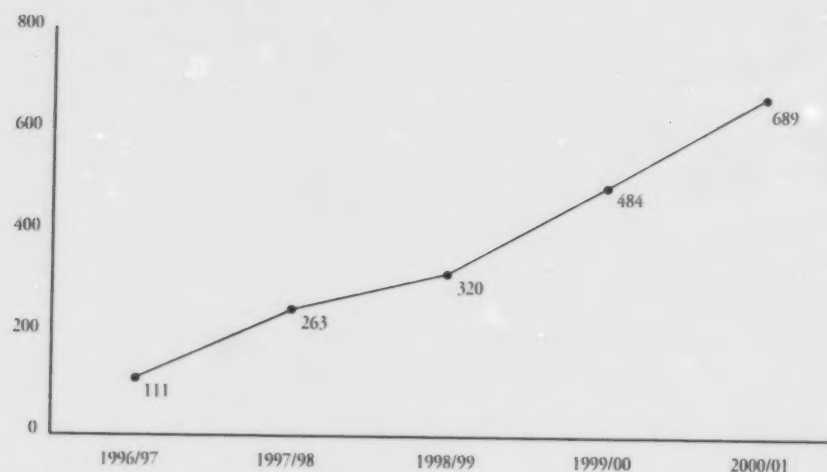
Highlights:

1. Approximately two-thirds of TMH Service usage was for clinical uses (New and Follow-up).
2. Nearly one-half of TMH activities were for New Clinical Sessions, while more than one-fifth of TMH activities were for Clinical Follow-up Consultations.
3. Approximately one-fifth of all TMH usage was for Administrative uses.

Telemental Health Service — Clinical Consultations

April 1, 1996 – March 31, 2001

Source: AMHB Telemental Health Service



Highlights:

1. Telemental Health Clinical Consultations have consistently and substantially increased over the past five fiscal years.
2. From 1999/00 to 2000/01, a 40% increase in clinical consultations was repeated.

Distinct Individuals — AMHB

April 1, 2000 – March 31, 2001

2000/01

Distinct Individuals — AMHB

40,897

Notes:

1. "Distinct Individuals" includes all individuals who were registered, enrolled, or admitted to an AMHB Program in the current fiscal year. This count includes clients who received services in this period whose enrolment, registration, or admission date was prior to April 1, 2000.
2. "Distinct Individuals" does not include patients/clients accessing Telemental Health Services, Crisis Services, Funded Agencies or the Southern Alberta Forensic Psychiatry Program.
3. The number of distinct individuals is calculated on the Personal Health Number (PHN) when known. Each individual is counted only once, regardless of how often he or she accesses services.
4. Due to factors surrounding the collection of PHNs small variations in the counts of distinct individuals are expected.

Client/Patient Representative Indicators

April 1, 2000 – March 31, 2001

Client/Patient Representative Indicators

Totals

"Complaints" — AMHB Facilities and Clinics

302

"Facilitations" — AMHB Facilities and Clinics

368

Notes:

1. "Complaints" refers to specific instances regarding Quality of Service, Quality of Life, and/or Self Determination.
2. "Facilitations" refers to activities related to Advocacy, Consultation, Education and Support.
3. AMHB Community Mental Health Clinics began recording this information in January 2001.

Highlights:

1. This is the first year that these indicators are being presented.

ALBERTA MENTAL HEALTH BOARD

FINANCIAL STATEMENTS

MARCH 31, 2001

Statement of Management's Responsibility

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries, Honoraria, Benefits, Allowances and Severance

Schedule 3 - Three-Year Summary of Revenue and Expenses

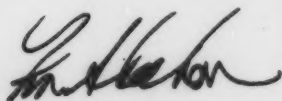
ALBERTA MENTAL HEALTH BOARD
MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING
FINANCIAL STATEMENTS
MARCH 31, 2001

The accompanying financial statements are the responsibility of management and have been approved by the Alberta Mental Health Board ("AMHB" or the "Board"). The financial statements were prepared in accordance with Canadian generally accepted accounting principles and the Financial Directives issued by Alberta Health and Wellness, and of necessity include some amounts that are based on estimates and judgments.

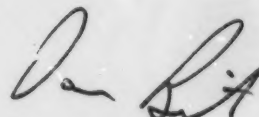
To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system is designed to provide management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and safeguarded. The AMHB has established a code of ethics and corporate directives, which require communication of the code to employees.

The AMHB Board members carry out their responsibility for the financial statements through the Resources Committee of the Board. This Committee meets with management and the Auditor General to discuss and review financial matters, and recommends the financial statements to the AMHB for approval. The Auditor General has full and free access to the Resources Committee of the Board.

The Auditor General provides an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures, which allow them to report on the fairness of the financial statements prepared by management.



Ken Sheehan
Chief Executive Officer



Dave Buist
Chief Financial Officer



AUDITOR'S REPORT

To the Members of the Alberta Mental Health Board
and the Minister of Health and Wellness

I have audited the statement of financial position of the Alberta Mental Health Board (the "Board") as at March 31, 2001, and the statements of operations, cash flows, and changes in net assets for the year then ended. These financial statements are the responsibility of the Board's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Board as at March 31, 2001 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Peter Valentinic FCA
Auditor General

Edmonton, Alberta
May 29, 2001

ALBERTA MENTAL HEALTH BOARD
STATEMENT OF FINANCIAL POSITION

MARCH 31, 2001
(thousands of dollars)

	<u>2001</u>	<u>2000</u> Restated Note 3
<u>ASSETS</u>		
Current:		
Cash and temporary investments (Note 4)	\$ 44,981	\$ 32,705
Accounts receivable	3,558	2,316
Contributions receivable (Note 5)	465	1,058
Inventories	790	794
Prepaid expenses	601	1,459
	<u>50,395</u>	<u>38,332</u>
Non-current investments (Note 4)	10,688	9,435
Capital contributions receivable (Note 5)	43,822	-
Capital assets (Note 6)	<u>63,839</u>	<u>54,358</u>
TOTAL ASSETS	<u><u>\$ 168,744</u></u>	<u><u>\$ 102,125</u></u>
<u>LIABILITIES AND NET ASSETS</u>		
Current:		
Accounts payable and accrued liabilities	\$ 17,884	\$ 12,152
Accrued vacation liability	8,844	7,593
Deferred contributions (Note 7)	3,558	4,881
	<u>30,286</u>	<u>24,626</u>
Deferred capital contributions (Note 8)	46,887	553
Unamortized external capital contributions (Note 9)	<u>53,533</u>	<u>43,757</u>
	<u>130,706</u>	<u>68,936</u>
Commitments and contingencies (Note 10)		
Net assets:		
Unrestricted (Note 11)	20,257	12,959
Internally restricted (Note 11 & 12)	7,475	9,629
Investment in capital assets	10,306	10,601
	<u>38,038</u>	<u>33,189</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 168,744</u></u>	<u><u>\$ 102,125</u></u>

The accompanying notes and schedules are part of these financial statements.

ALBERTA MENTAL HEALTH BOARD
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2001
(thousands of dollars)

	2001		2000
	Budget (Note 13)	Actual	Actual Restated Note 3
Revenues			
Alberta Health and Wellness contributions (Note 14)	\$ 203,553	\$ 203,578	\$ 173,855
Other government contributions (Note 15)	6,031	9,753	5,932
Fees and charges	2,940	2,948	3,270
Ancillary operations, net (Note 16)	(31)	(103)	(539)
Donations	21	29	49
Investment and other income (Note 17)	3,186	5,476	3,724
Amortization of external capital contributions (Note 9)	3,823	3,120	3,396
TOTAL REVENUES	219,523	224,801	189,687
Expenses (Schedule 1)			
Facility-based inpatient services	53,138	53,127	46,974
Facility-based emergency and outpatient services	8,112	7,537	7,005
Facility-based continuing care services	5,501	15,600	14,323
Community and home-based services	82,111	72,781	54,062
Diagnostic and therapeutic services	14,721	17,359	16,403
Promotion, prevention and protection services	3,023	2,919	3,131
Research and education	490	675	305
Administration (Note 18)	12,225	12,654	10,486
Information technology and alberta we//net (Note 19)	4,414	5,905	4,772
Year 2000 remedial costs	-	-	445
Support services (Note 20)	27,457	29,588	26,916
Amortization of facilities and improvements	3,347	1,807	2,403
TOTAL EXPENSES	214,539	219,952	187,225
Excess of revenues over expenses (Note 23)	\$ 4,984	\$ 4,849	\$ 2,462

ALBERTA MENTAL HEALTH BOARD
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2001
(thousands of dollars)

	2001				2000
	Operating				
	Unrestricted	Internally Restricted	Invested in Capital Assets	Total	Total Restated Note 3
	(Note 11 & 12)				
Balance at beginning of year	\$ 12,959	\$ 9,629	\$ 10,601	\$ 33,189	\$ 30,727
Excess of revenues over expenses (Note 23)	4,849	-	-	4,849	2,462
Capital assets purchased with internal funds	(1,327)	-	1,327	-	-
Amortization of internally funded capital assets	1,620	-	(1,620)	-	-
Net book value of disposed assets, internally funded	2	-	(2)	-	-
Transfer, net	2,154	(2,154)	-	-	-
Balance at end of year	\$ 20,257	\$ 7,475	\$ 10,306	\$ 38,038	\$ 33,189

ALBERTA MENTAL HEALTH BOARD
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2001
(thousands of dollars)

	<u>2001</u>		<u>2000</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
			<u>Restated</u>
			<u>Note 3</u>
Cash generated from (used by):			
Operating activities:			
Excess of revenues over expenses (Note 23)	\$ 4,984	\$ 4,849	\$ 2,462
Non-cash transactions:			
Amortization of capital equipment - internally funded	3,221	1,620	1,033
- externally funded	476	1,313	993
Amortization of facilities and improvements	3,347	1,807	2,403
Amortization of external capital contributions (Note 9)	(3,823)	(3,120)	(3,396)
Loss (gain) on disposal on internally funded capital assets	-	2	(3)
Gain on sale of investments	-	(56)	-
	8,205	6,415	3,492
Change in non-cash working capital accounts (Note 21)	(556)	5,873	1,287
Cash generated from operations	7,649	12,288	4,779
Investing activities:			
Purchase of investments	(5,000)	(4,834)	(9,784)
Purchase of capital assets:			
Internally funded	(4,536)	(1,327)	(2,892)
Externally funded (Note 8) - equipment	-	(1,184)	(2,061)
- facilities and improvements	(16,595)	(11,712)	(2,634)
Proceeds on sale of internally funded capital assets	-	-	17
Proceeds on sale of investments	5,000	3,637	349
Non-current cash released from non-current investments	-	-	2,192
Increase in non-current contributions receivable (Note 5)	(47,645)	(43,822)	-
Cash used by investing activities	(68,776)	(59,242)	(14,813)
Financing activities:			
Capital contributions received, net (Note 8)	48,844	59,230	4,789
Cash generated from financing activities	48,844	59,230	4,789
Increase (decrease) in cash and temporary investments	(12,283)	12,276	(5,245)
Cash and temporary investments, beginning of the year	36,888	32,705	37,950
Cash and temporary investments, end of the year (Note 4)	\$ 24,605	\$ 44,981	\$ 32,705

ALBERTA MENTAL HEALTH BOARD
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2001

Note 1 Alberta Mental Health Board, Purpose and Operations

The Alberta Mental Health Board was established on April 1, 1999 by Alberta Regulation 84/99 (AR84/99). The regulation states that the Board shall carry out the following purposes on a province-wide basis:

- To promote, preserve and restore the mental health of Albertans and work towards the prevention of mental disorders;
- To assess the mental health of Albertans on an ongoing basis;
- To deliver or coordinate the delivery of mental health services in Alberta;
- To promote and act as an advocate for the provision of mental health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities;
- To develop and monitor standards for, and monitor performance in, the delivery of mental health services;
- To determine priorities in the provision of mental health services in Alberta and allocate resources accordingly;
- To ensure reasonable access to quality mental health services; and
- To engage in and promote research in matters related to mental health.

The Board is responsible for delivering appropriate, accessible and affordable mental health services in Alberta. This responsibility includes operating programs designed to promote, protect, maintain, restore and enhance physical and mental wellbeing.

Operations of the Board include the following facilities and sites:

- Alberta Hospital Edmonton;
- Alberta Hospital Ponoka;
- Claresholm Care Centre;
- Raymond Care Centre; and
- Seventy-six community mental health clinics.

The Board is exempt from payment of income tax and is a registered charity under the Income Tax Act.

Note 2 Significant Accounting Policies and Reporting Practices

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and the reporting requirements of Financial Directive 18 issued by Alberta Health and Wellness. Following are the significant accounting policies:

(a) Revenue Recognition

These financial statements have been prepared using the deferral method, the key elements of which are:

- (i) Unrestricted operating grants and other contributions are recognized as revenue in the year becoming receivable.
- (ii) Externally restricted non-capital contributions are recorded as deferred contributions and recognized as revenue in the year when related expenses are incurred.
- (iii) Externally restricted capital contributions are recorded as deferred capital contributions until the amount is invested in capital assets. Amounts invested in capital assets are transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the periods in which the related amortization expense of the funded capital asset is recorded.
- (iv) Restricted contributions to purchase capital assets which will not be amortized are recorded as direct increases to net assets.
- (v) Unrestricted investment income is recognized as revenue in the year it is earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

(b) Full Cost

The Board accounts for all costs and revenues related to services carried out for which it is responsible.

The fair value of costs of services is recorded in the financial statements. Fair value transactions as recorded consist of the following:

- (i) The fair value for use of non-acute care facilities not owned by the Board and provided to the Board at zero or nominal rent is recorded as other government contributions and as program expenses.
- (ii) Other assets, supplies and service contribution that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers contribute a significant amount of time each year to assist the Board in carrying out its programs and services. However, contributed services of volunteers are not recognized as revenue and expenses in the financial statements because fair value cannot be reasonably determined.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(c) Employee Future Benefits

The Board participates in the Local Authorities Pension Plan and the Public Service Pension Plan. These are multi-employer defined benefit pension plans that provide pensions for the Board's participating employees, based on years of service and earnings.

Defined contribution plan accounting is applied to a multi-employer defined benefit plan for which the authority has insufficient information to apply defined benefit plan accounting.

Pension costs included in these financial statements comprise the amount of employer contributions' required for its employees during the year, based on rates which are expected to provide for benefits payable under the pension plans. The Board's portion of the pension plans' deficit or surplus is not recorded by the Board.

(d) Cash and Temporary Investments

Cash and temporary investments comprise cash and investments with maturity dates less than three months from date of purchase.

Temporary investments are recorded at lower of cost and quoted market value.

(e) Investments

Non-current investments are recorded at cost. The cost of disposal is determined on the average cost basis and gains or losses realised on disposal are recognized in the period of disposal.

Where there has been a loss in the value of an investment, other than a temporary decline, the investment is written down to its net realizable value. The full-value of the write-down is recognized in the statement of operations in the period when the write-down occurs.

(f) Inventories

Inventories are held for consumption and are valued at the lower of cost and replacement cost.

(g) Capital Assets

Capital assets and construction in progress are recorded at cost. Non-direct patient care capital assets costing greater than \$2,000 are capitalized, while direct patient care capital assets costing greater than \$500 are capitalized. Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

	<u>Useful Life</u>
Facilities and improvements	10 to 40 years
Furniture and equipment	5 to 15 years

Construction in progress is not amortized until the project is complete and the asset is put into use.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(h) Measurement Uncertainty

The financial statements by their nature, contain estimates and are subject to measurement uncertainty. The amounts recorded for amortization of capital assets and amortization of external capital contributions are based on estimates of the useful life of the related capital assets. The effect on the financial statements of changes in such estimates in future periods could be material.

Note 3 Change in Accounting Policy

Pension obligation

The Board has changed its method of accounting for its participation in multi-employer defined benefit pension plans. The Board now records pension expense equivalent to its annual contributions payable during the year. The Board's portion of the pension plans' deficit or surplus is not recorded. This change in accounting policy has been applied retroactively with restatement of comparative figures. As a result of the change in accounting policy, the Board's financial statements for the year ended March 31, 2000 and March 31, 1999 have been restated as follows:

	2000		
	(thousands of dollars)		
	As previously stated	Adjustment	As restated
Net assets as beginning of year	<u>\$ 30,212</u>	<u>\$ 515</u>	<u>\$ 30,727</u>
Net assets at end of year	<u>\$ 32,503</u>	<u>\$ 686</u>	<u>\$ 33,189</u>
Pension liability	<u>\$ 686</u>	<u>\$ (686)</u>	<u>\$ -</u>
Revenue	<u>\$ 188,988</u>	<u>\$ 699</u>	<u>\$ 189,687</u>
Expenses	<u>\$ 186,697</u>	<u>\$ 528</u>	<u>\$ 187,225</u>
Excess of revenue over expenses	<u>\$ 2,291</u>	<u>\$ 171</u>	<u>\$ 2,462</u>

Note 4 Cash and Temporary Investments and Non-Current Investments

(a) Cash and Temporary Investments

	<u>2001</u>	<u>2000</u>
	(thousands of dollars)	
Cash	\$ 17,113	\$ 6,332
Temporary investments	27,868	26,373
	<u>\$ 44,981</u>	<u>\$ 32,705</u>

(b) Non-Current Investments

Bonds	<u>\$ 10,688</u>	<u>\$ 9,435</u>
-------	------------------	-----------------

As at March 31, 2001, the quoted market value of the bonds was \$11,423,227 (2000 - \$ 10,408,809).

- (i) Income and financial returns are exposed to credit and price risks. Credit risk relates to the possibility that a loss may occur from failure by another party to perform according to the terms of the contract. Price risk comprises interest rate risk and market risk. Interest rate risk relates to the possibility that investments will change in value with future fluctuations in market interest rates. Market risk relates to the possibility that investments will change in value due to future fluctuations in market price.

To earn optimal financial returns while maintaining the investment capital, management has established a policy of investing in fixed-income instruments.

- (ii) Fixed-income securities have an average effective yield of 2001 - 4.98% (2000 - 5.24%) per annum for temporary investment securities maturing in a year, and 2001 - 5.80% (2000 - 6.18%) per annum for bonds maturing in fiscal 2003 and subsequent years. As at March 31, 2001, the securities have the following term structure:

	<u>%</u>	<u>2001</u>
		(thousands of dollars)
Under 1 year	72	\$ 27,868
1 to 5 years	13	4,976
5 to 10 years	6	2,124
Over 10 years	9	3,588
	<u>100</u>	<u>\$ 38,556</u>

Note 4 Cash and Temporary Investments and Non-Current Investments (continued)

Non-current investments represent the following:

	<u>2001</u>	<u>2000</u>
	<u>(thousands of dollars)</u>	
Externally restricted for capital purposes (Note 8)	\$ 3,658	\$ 553
Internally restricted for capital purposes (Note 12)	1,733	1,733
Unrestricted funds invested in non-current investments	<u>5,297</u>	<u>7,149</u>
	<u>\$ 10,688</u>	<u>\$ 9,435</u>

Note 5 Contributions and Capital Contributions Receivable

	<u>2001</u>	<u>2000</u>
	<u>(thousands of dollars)</u>	
Non-capital		
Alberta Health and Wellness	<u>\$ 465</u>	<u>\$ 1,058</u>
Capital		
Alberta Infrastructure capital upgrade	42,800	-
Federal Government equipment funding	<u>1,022</u>	<u>-</u>
	<u>43,822</u>	<u>-</u>
	<u>\$ 44,287</u>	<u>\$ 1,058</u>

Note 6 Capital Assets

	2001			2000
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
	(thousands of dollars)			
Land	\$ 2,831	\$ -	\$ 2,831	\$ 2,831
Facilities and improvements	89,821	50,101	39,720	38,108
Furniture and equipment	28,651	18,227	10,424	10,604
Construction in progress	10,864	-	10,864	2,815
	<u>\$ 132,167</u>	<u>\$ 68,328</u>	<u>\$ 63,839</u>	<u>\$ 54,358</u>

Capital assets have been funded from the following sources:

	(thousands of dollars)	
Externally funded		
Land (<i>net assets invested in land</i>)	\$ 2,831	\$ 2,831
Other (<i>unamortized external capital contributions</i>)	53,533	43,757
Internally funded (<i>net assets invested in other capital assets</i>)	<u>7,475</u>	<u>7,770</u>
	<u>\$ 63,839</u>	<u>\$ 54,358</u>

Note 7 Deferred Contributions

	2001	2000
	(thousands of dollars)	
Amounts received:		
Alberta Health and Wellness contributions	\$ 454	\$ 1,188
Other government contributions	5,752	3,780
Other contributions received	193	123
	<u>6,399</u>	<u>5,091</u>
Less transferred to deferred capital contributions (Note 8)		
Alberta Health and Wellness	(17)	(1,434)
Other government contributions		
Alberta Infrastructure	(2,469)	(2,634)
Alberta Learning - School of Nursing operations	-	(25)
	<u>(2,486)</u>	<u>(4,093)</u>
	<u>3,913</u>	<u>998</u>
Amounts recognized as revenue:		
Alberta Health and Wellness contributions (Note 14)	35	731
Other government contributions	5,060	1,969
Other contributions	141	29
	<u>5,236</u>	<u>2,729</u>
Change during the year	(1,323)	(1,731)
Balance, beginning of year	<u>4,881</u>	<u>6,612</u>
	<u>\$ 3,558</u>	<u>\$ 4,881</u>

Unspent amounts at the end of the year are restricted for the following purposes:

Alberta Health and Wellness contributions		
Community services	\$ 1,577	\$ 1,577
Other	481	79
Other government contributions		
Alberta Infrastructure		
Capital maintenance	692	1,702
Capital project	-	939
Alberta Learning - School of Nursing operations	46	53
Student Health Initiative	563	372
Health and Welfare Canada	53	65
Other contributions	<u>146</u>	<u>94</u>
	<u>\$ 3,558</u>	<u>\$ 4,881</u>

Note 8 Deferred Capital Contributions

The deferred capital contributions balance represents amounts accounted for in accordance with the accounting policy described in Note 2b (iii).

	<u>2001</u>	<u>2000</u>
	<u>(thousands of dollars)</u>	
Amounts received (returned):		
Restricted Alberta Health and Wellness contributions	\$ 474	\$ 696
Restricted other government contributions	56,322	-
Donations restricted for capital purposes	9	-
Returned to funding source	(61)	-
	<u>56,744</u>	<u>696</u>
Transferred from deferred contributions (Note 7)	2,486	4,093
	<u>59,230</u>	<u>4,789</u>
Transferred to:		
Unamortized external capital contributions (Note 9)	(12,896)	(4,695)
Change during the year	46,334	94
Balance, beginning of year	<u>553</u>	<u>459</u>
Balance, end of year	<u>\$ 46,887</u>	<u>\$ 553</u>

Balance, end of the year is restricted for the following purposes:

New equipment	\$ 431	\$ 94
Betterment of capital assets	392	459
New construction	<u>46,064</u>	<u>-</u>
	<u>\$ 46,887</u>	<u>\$ 553</u>

Included in:

Non-current investments (Note 4)	\$ 3,658	\$ 553
Capital contributions receivable	<u>43,229</u>	<u>-</u>
	<u>\$ 46,887</u>	<u>\$ 553</u>

Note 9 Unamortized External Capital Contributions

Unamortized external capital contributions reflect transactions accounted in accordance with the accounting policy described in Note 2b (iii). The balance at the end of year represents the external capital contributions that will be recognized as revenue in future years.

	<u>2001</u>	<u>2000</u>
	<u>(thousands of dollars)</u>	
Balance at beginning of year	\$ 43,757	\$ 42,458
Add amounts transferred from deferred capital contributions (Note 8)	12,896	4,695
Less amounts recognized as revenue	<u>(3,120)</u>	<u>(3,396)</u>
	<u>\$ 53,533</u>	<u>\$ 43,757</u>

Note 10 Commitments and Contingencies

(a) Contracted services and operating leases

The Board has minimum contract commitments for dietary, housekeeping and security services, and operating leases for photocopier, fax machines and vehicles as follows:

	<u>Contracts</u>	<u>Leases</u>	<u>Total</u>
For the year ended March 31			
2002	\$ 6,096,618	\$ 1,050,743	\$ 7,147,361
2003	4,416,889	738,735	5,155,624
2004	3,741,930	359,311	4,101,241
2005	512,601	241,464	754,065
2006	488,601	237,296	725,897
2007 and thereafter	488,601	245,726	734,327
	<u>\$ 15,745,240</u>	<u>\$ 2,873,275</u>	<u>\$ 18,618,515</u>

(b) Capital Upgrade Project

The Board has committed to a capital upgrade project at the Alberta Hospital Ponoka site in the amount of \$95,000,000. Alberta Infrastructure has committed to provide all funds for the capital upgrade project. Total costs to date are \$10,486,000 and funding received to date totals \$56,550,000.

(c) Utilities

In order to manage its exposure to the volatility in the electrical industry, the Board has entered into a five year contract to fix its electrical cost at an average of \$8.42 per MWh. Based on 2001 consumption, the annual costs are expected to be \$1,241,000.

(d) Contingencies

- (i) Action has been brought against the Board for \$12,851,706, which is allegedly due for additional and extra services alleged to have been agreed to by the Board during the construction of the sewage treatment plant at Alberta Hospital Ponoka site. Management believes it has a valid defense against these claims. It is not possible at this time to determine the amount, if any, that the Board may eventually pay. If any payment is made, it will be accounted for in the period in which it is settled.

Note 11 Unrestricted and Internally Restricted Net Assets

	2001
	(thousands of dollars)
	Restated
	Note 3
Unrestricted and internally restricted net assets at regionalization - April 1, 1995	\$ 15,907
Changes since regionalization:	
Cumulative operating surplus	16,734
Invested in capital assets (net of amortization)	<u>(4,909)</u>
Balance	<u>\$ 27,732</u>
Unrestricted	\$ 20,257
Internally restricted	<u>7,475</u>
	<u>\$ 27,732</u>

Note 12 Internally Restricted Net Assets

	2001	2000
	(thousands of dollars)	
The Board has internally restricted the following amounts for:		
Capital:		
Future equipment replacement	\$ 733	\$ 733
Capital projects	<u>1,000</u>	<u>1,000</u>
	<u>1,733</u>	<u>1,733</u>
Non-capital:		
Alberta Hospital Edmonton Research Fund	338	360
Young Offenders Demo Project	171	197
Langin Place Project	100	200
Children's Mental Health Initiative	4,000	4,384
Calgary Regional Health Authority	867	-
Vocational Rehabilitational allowances	266	-
Operating reserve	-	713
Pension reserve	-	542
Human resources	-	1,500
	<u>5,742</u>	<u>7,896</u>
	<u>\$ 7,475</u>	<u>\$ 9,629</u>

Note 13 Budget

	<u>Approved Budget ⁽¹⁾</u>	<u>Additional Funding</u>	<u>Reported Budget</u>
	(thousands of dollars)		
Revenues			
Alberta Health and Wellness contributions	\$ 199,203	\$ 4,350	\$ 203,553
Other government contributions	6,031	-	6,031
Fees and charges	2,940	-	2,940
Ancillary operations, net	(31)	-	(31)
Donations	21	-	21
Investment and other income	3,186	-	3,186
Amortization of external capital contributions	3,823	-	3,823
	<u>215,173</u>	<u>4,350</u>	<u>219,523</u>
Expenses			
Facility-based inpatient services	53,138	-	53,138
Facility-based emergency and outpatient services	8,112	-	8,112
Facility-based continuing care services	5,501	-	5,501
Community and home-based services	82,111	-	82,111
Diagnostic and therapeutic services	14,721	-	14,721
Promotion, prevention and protection services	3,023	-	3,023
Research and education	490	-	490
Administration	12,225	-	12,225
Information technology and alberta we//net	4,414	-	4,414
Support services	27,457	-	27,457
Amortization of facilities and improvements	3,347	-	3,347
	<u>214,539</u>	<u>-</u>	<u>214,539</u>
Excess of revenue over expense	<u>\$ 634</u>	<u>\$ 4,350</u>	<u>\$ 4,984</u>

- (1) The budget was approved by the Alberta Mental Health Board on June 23, 2000 and subsequently approved by the Minister of Health and Wellness November 1, 2000.

Note 14 Alberta Health and Wellness Contributions

	2001		2000
	Budget	Actual	Actual
	(thousands of dollars)		
			Restated Note 3
Unrestricted contributions	\$ 203,553	\$ 203,543	\$ 174,225
Transfers from deferred contributions (Note 7)	-	35	731
Transfers of employment contract liabilities (Note 3 and Note 23)	-	-	(1,101)
	<u>\$ 203,553</u>	<u>\$ 203,578</u>	<u>\$ 173,855</u>

Note 15 Other Government Contributions

	2001		2000
	Budget	Actual	Actual
	(thousands of dollars)		
Accommodation costs for Board facilities borne by Alberta Infrastructure			
Mental health clinics and administration offices	\$ 2,544	\$ 2,939	\$ 2,317
Claresholm and Raymond Care Centres	1,728	1,754	1,728
Alberta Infrastructure:			
Capital maintenance	1,706	430	200
Capital project	-	-	667
Student Health Initiative	53	2,837	684
Contracted service surplus funds	-	1,139	-
Sundry	-	654	336
	<u>\$ 6,031</u>	<u>\$ 9,753</u>	<u>\$ 5,932</u>

Note 16 Ancillary Operations

	2001				2000	
	Non-Patient Food Services Operations	Rental and Laundry Operations	Parking and Other Operations	Total	Budget	Total Restated Note 3
	(thousands of dollars)					
Revenues	\$ 879	\$ 770	\$ 84	\$1,733	\$1,589	\$ 1,923
Expenses						
Direct expenses	1,039	681	100	1,820	1,566	2,401
Amortization	11	5	-	16	54	61
	<u>1,050</u>	<u>686</u>	<u>100</u>	<u>1,836</u>	<u>1,620</u>	<u>2,462</u>
(Deficiency) excess of revenue over direct expenses 2001	<u>\$ (171)</u>	<u>\$ 84</u>	<u>\$ (16)</u>	<u>\$ (103)</u>	<u>\$ (31)</u>	
(Deficiency) excess of revenue over direct expenses 2000	<u>\$ (523)</u>	<u>\$ 51</u>	<u>\$ (67)</u>			<u>\$ (539)</u>

Note 17 Investment and Other Income

	Budget	2001	2000
	(thousands of dollars)		
Unrestricted investment income	\$ 2,234	\$ 3,279	\$ 2,175
Other income	952	2,197	1,549
	<u>\$ 3,186</u>	<u>\$ 5,476</u>	<u>\$ 3,724</u>

Unrestricted investment income is comprised of interest earned on investments. Other income comprises primarily of revenues from vocational rehabilitation programs and program cost recovery.

Note 18 Administration

	<u>Budget</u>	<u>2001</u>	<u>2000</u>
	(thousands of dollars)		
			Restated Note 3
General Administration	\$ 7,402	\$ 7,330	\$ 5,536
Finance	2,515	2,689	2,500
Personnel	2,308	2,635	2,450
	<u>\$ 12,225</u>	<u>\$ 12,654</u>	<u>\$ 10,486</u>

Note 19 Information Technology and alberta we//net

	<u>Budget</u>	<u>2001</u>	<u>2000</u>
	(thousands of dollars)		
			Restated Note 3
Information technology	\$ 3,571	\$ 5,185	\$ 4,043
alberta we//net	843	720	729
	<u>\$ 4,414</u>	<u>\$ 5,905</u>	<u>\$ 4,772</u>

During 2001, the Board contributed \$843,000 (2000 - \$825,000) towards the alberta we//net initiative. Of these contributions, \$123,000 have been capitalized and \$720,000 have been expensed. An additional \$104,000 relating to Alberta Health and Wellness' contribution to alberta we//net, to match the Board's contribution, was capitalized during the year. The Board recorded a corresponding increase in unamortized external capital contributions for \$104,000.

alberta we//net is the province-wide, strategic initiative to build a health information network. The initiative brings together a broad spectrum of health professionals into multi-disciplinary teams to put information technology to work to improve health service delivery to all Albertans. alberta we//net brings together doctors, nurses, regional health authorities, pharmacists, universities, faculties of medicine, a national health information institute and Alberta Health and Wellness in the planning and implementation of the network.

Note 20 Support Services

	<u>Budget</u>	<u>2001</u>	<u>2000</u>
	(thousands of dollars)		
			Restated Note 3
Building maintenance, operations and security	\$ 10,885	\$ 12,403	\$ 10,508
Patient food services	5,803	6,516	5,943
Housekeeping	3,416	3,466	3,351
Laundry and linen	994	1,225	1,280
Materials management	1,442	1,244	1,269
Patient transportation	1,078	1,178	1,074
Patient services	1,077	690	1,192
Patient health records	990	954	846
Education	915	990	694
Communications	628	681	509
Volunteer services	150	161	147
Bio-medical	79	80	103
	<u>\$ 27,457</u>	<u>\$ 29,588</u>	<u>\$ 26,916</u>

Note 21 Change in Non-Cash Working Capital Accounts

	<u>2001</u>	<u>2000</u>
	(thousands of dollars)	
Accounts receivable	\$ (1,242)	\$ (689)
Contributions receivable	593	(1,058)
Inventories	4	(138)
Prepaid expenses	858	(310)
Accounts payable and accrued liabilities	5,732	2,926
Accrued vacation liability	1,251	2,287
Deferred contributions	<u>(1,323)</u>	<u>(1,731)</u>
	<u>\$ 5,873</u>	<u>\$ 1,287</u>

Note 22 Related Parties

(a) Province of Alberta

The Board is established under the Regional Health Authorities Act. Transactions between the Board and the Province of Alberta are disclosed in the Statement of Operations and in Notes 5, 7, 8, 14 and 15.

(b) Alberta Mental Health Board Foundation

The Board has an economic interest in the Alberta Mental Health Board Foundation (the "Foundation"). The Board has the right to appoint a member to the Foundation's Board, which consists of 6 voting members.

During the year, AMHB received \$9,000 (2000 - \$12,000) of contributions from the Foundation in the form of educational grants. The resources held by the Foundation comprise \$267,000 of externally restricted funds for mental health programs and \$1,000 of unrestricted funds.

Resources of the Foundation amounting to \$219,000 have been restricted by donors for exclusive use of the Alberta Hospital Edmonton Site.

During the year the Board contributed \$148,000 to support the operations of the newly formed Alberta Mental Health Board Foundation.

(c) Contract Service Operators

The Board contracts with contract service operators to provide mental health services in the province. The contract service operators are economically dependent on these contracts for the provision of mental health services. The contract service operators and the amount of the contracted health services for the year are as follows:

	<u>2001</u>		<u>2000</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
	(thousands of dollars)		
Contract Service Operators:			
Calgary Regional Health Authority	\$ 12,356	\$ 11,361	\$ 9,096
Capital Health Authority	2,405	2,405	274
Northwestern Regional Health Authority	480	480	375
Aspen Regional Health Authority	421	421	402
Other Regional Health Authorities	999	921	640
Other contract service operators	19,707	22,035	18,689
	<u>\$ 36,368</u>	<u>\$ 37,623</u>	<u>\$ 29,476</u>
Reported in the following expense categories:			
Facility-based inpatient services	\$ 7,097	\$ 7,242	\$ 6,499
Facility-based emergency and outpatient services	322	322	322
Community and home-based services	28,949	30,059	22,655
	<u>\$ 36,368</u>	<u>\$ 37,623</u>	<u>\$ 29,476</u>

Note 23 Transfer of Employees

The excess (1999 deficiency) of revenues over expenditures for the years 2000 and 1999 includes salary costs relating to prior service periods.

In the two preceding years Alberta Health and Wellness transferred the employment contracts for certain employees hitherto seconded to the Board by the Ministry. Contracts for staff employed at the community health clinics and at Claresholm and Raymond Care Centres were transferred on May 1, 1999 and August 1, 1998 respectively. The Board assumed the vacation entitlement liability for these employees as follows:

The effect of May 1, 1999 and August 1, 1998 transfers is reflected in the financial statements respectively as reductions in Alberta Health and Wellness contribution revenues for the years 2000 (\$1,101,000) and 1999 (\$588,000).

Note 24 Pension Costs

The Board participates in the Local Authorities Pension Plan and Public Service Pension Plan, which are multi-employer defined benefit plans. The pension expense recorded in these financial statements is equivalent to the Board's annual contributions payable of \$6,874,153 for the year ended March 31, 2001 (2000 - \$10,335,165).

At December 31, 2000, the Local Authorities Pension Plan reported a surplus of \$883,823,000 (1999 - \$880,358,000).

At December 31, 2000, the Public Service Pension Plan reported a surplus of \$635,084,000 (1999 - \$517,020,000).

Note 25 Comparative Figures

Certain comparative figures have been reclassified to conform to the 2001 presentation.

Note 26 Approval of Financial Statements

These financial statements have been approved by the Board.

ALBERTA MENTAL HEALTH BOARD
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2001
(thousands of dollars)

	2001		2000
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
			Restated Note 3
Salaries, honoraria, benefits, allowances and severance (Schedule 2)	\$ 121,688	\$ 132,393	\$ 115,992
Contracts with health service operators	36,368	37,623	29,476
Drugs, gases, medical and surgical supplies	2,645	3,515	3,228
Consulting services	19,694	12,394	11,197
Facility rent	4,867	5,443	4,719
Food supplies	2,653	3,307	3,231
Travel	2,226	3,230	2,659
Utilities	2,435	4,041	2,625
Supplies	1,862	2,848	2,279
Other expenses	14,677	12,254	9,852
Amortization:			
Capital equipment - internally funded	3,221	1,620	1,033
Capital equipment - externally funded	476	1,313	993
Facilities and improvements - externally funded	3,347	1,807	2,403
	<u>216,159</u>	<u>221,788</u>	<u>189,687</u>
Less amounts reported in ancillary operations	<u>(1,620)</u>	<u>(1,836)</u>	<u>(2,462)</u>
	<u><u>\$ 214,539</u></u>	<u><u>\$ 219,952</u></u>	<u><u>\$ 187,225</u></u>

ALBERTA MENTAL HEALTH BOARD
SCHEDULE OF SALARIES, HONORARIA, BENEFITS, ALLOWANCES AND SEVERANCE
FOR THE YEAR ENDED MARCH 31, 2001
(thousands of dollars)

Schedule 2

	2001				2000				Restated		
	Salaries and Honoraria			Severance	Severance						
	Number of Individuals	(Includes accrued vacation)	Benefits and Allowances		Sub-total	Number of Individuals	Amount	Total		Number of Individuals	Salaries Benefits Honoraria
Board Members	1.00	\$ 36	\$ -	\$ 36	-	\$ -	\$ 36	1.00	\$ 48	\$ -	\$ 48
Board Chairperson	1.00	5	-	5	-	-	5	1.00	7	-	7
Schoenhofer, Betty	1.00	5	-	5	-	-	5	1.00	5	-	5
Board Members	1.00	1	-	1	-	-	1	1.00	6	-	6
Bunce, Neil	1.00	5	-	5	-	-	5	1.00	6	-	6
Heinemann, Kathleen	1.00	9	-	9	-	-	9	1.00	8	-	8
Laird, Gloria	1.00	6	-	6	-	-	6	1.00	9	-	9
Mikkelsen, Dave	1.00	4	-	4	-	-	4	1.00	1	-	1
Peterson, Richard	1.00	7	-	7	-	-	7	1.00	4	-	4
Read, John	1.00	7	-	7	-	-	7	1.00	9	-	9
Smith, Terrence	1.00	7	-	7	-	-	7	1.00	9	-	9
Steinhauer, Sharon	1.00	7	-	7	-	-	7	1.00	9	-	9
Williams, Thomas	1.00	7	-	7	-	-	7	1.00	9	-	9
Wilson, Penny	1.00	7	-	7	-	-	7	1.00	9	-	9
Previous Board Members	-	-	-	-	-	-	-	-	-	-	-
Total honoraria	9.00	78	-	78	0.00	-	78	11.00	104	-	104
Staff											
Chief Executive Officer	1.00	237	15	252	-	-	252	0.25	55	-	55
Management persons reporting to the CEO											
Executive Director, Administrative Services	0.92	136	13	149	-	-	149	-	-	-	-
Executive Director, Provincial Programs	0.17	22	2	24	-	-	24	-	-	-	-
Chief of Staff and Director, Provincial Programs	0.79	126	7	133	-	-	133	-	-	-	-
Chief Operating Officer, Corporate Development	-	-	-	-	-	-	-	1.00	177	-	177
Chief Operating Officer, Facilities & Programs	-	-	-	-	-	-	-	0.75	144	-	144
Chief Operating Officer, Community Development	-	-	-	-	-	-	-	1.00	135	-	135
Executive Director, Community Mental Health Services	1.00	117	8	125	-	-	125	-	-	-	-
Other management persons reporting to those above	25.63	2,337	572	2,909	2.00	121	3,030	13.63	1,339	-	1,339
(avg. 2001 \$111; avg. 2000 \$98, excl. severances)											
Other management	106.98	6,628	2,574	9,202	-	-	9,202	39.89	3,086	113	3,199
(avg. 2001 \$86; avg. 2000 \$77, excl. severances)											
Medical doctors not included above	-	-	-	-	-	-	-	0.96	126	-	126
(avg. 2001 \$0; avg. 2000 \$130, excl. severances)											
Regulated nurses not included above	721.77	37,158	5,004	42,162	-	-	42,162	635.98	38,429	-	38,429
(avg. 2001 \$59; avg. 2000 \$60, excl. severances)											
Other health technicians and professionals	431.39	23,371	2,913	26,284	0.04	2	26,286	419.56	23,556	9	23,565
(avg. 2001 \$61; avg. 2000 \$59, excl. severances)											
Unregulated health service providers	464.31	16,233	2,301	18,534	-	-	18,534	437.15	15,405	-	15,405
(avg. 2001 \$40; avg. 2000 \$33, excl. severances)											
Other staff	734.24	27,479	4,595	31,984	14.19	434	32,418	818.16	33,132	182	33,314
(avg. 2001 \$43; avg. 2000 \$42, excl. severances)											
Total staff	2,488.20	113,844	17,914	131,758	16.23	557	132,315	2,368.33	115,584	304	115,888
Total		\$ 113,922	\$ 17,914	\$ 131,836		\$ 557	\$ 132,393		\$ 115,688	\$ 304	\$ 115,992

See accompanying information on the following page.

SCHEDULE OF SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
FOR THE YEAR ENDED MARCH 31, 2001

1. Number of Individuals consist of full-time equivalents except for Board members.
 Full time equivalent ("FTE") has been determined as follows:

	<u>Employees of</u> <u>The AMHB</u> (hours per year)
Chief Executive Officer	2,023
Management persons reporting to the CEO	2,023
Other Management person(s) reporting to those above	2,023
Other Management	2,023
Medical doctors not included above	2,023
Regulated nurses not included above	2,023
Other health technicians and professionals*	1,892 - 2,023
Unregulated health service providers*	1,892 - 2,023
Other staff*	1,892 - 2,088

* The range for Alberta Health and Wellness Seconded Employees transferred to the Board as of May 1, 1999 consists of 1,892 to 2,023 and 1,892 to 2,088 hours per year depending on the position held and location within the categories represented above.

Total actual discrete number of individuals employed in 2001 – 3,323 (2000 - 3,164).

2. Salaries include regular base pay, overtime, lump sum payments, honoraria and any other direct cash remuneration including sick leave, short-term disability and vacation. Individuals under contract by the Board are not reflected in this schedule.
3. Benefits and allowances include the employer's share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, out of country medical benefits, group life insurance, accidental death and dismemberment, long-term disability plans, Canada Pension Plan, unemployment insurance, workers compensation, car benefits and allowances and tuition.
4. Severance includes:
- All monies paid directly or on behalf of an employee upon termination which are not included in salaries and benefits and continued payment of AMHB's share of benefits identified in 2 above, that will continue to be paid and outplacement training and counseling office space and administrative support.
5. The total amount of salaries is reported in Schedule 1, Expenses by Object, which includes 2001 – \$402,596 (2000 - \$658,964) in salaries reported in Note 16, Ancillary Operations.

ALBERTA MENTAL HEALTH BOARD
THREE YEAR SUMMARY OF REVENUE AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2001
(thousands of dollars)

	Actual		
	2001	2000 Restated Note 3	1999 ⁽¹⁾ Restated Note 3
Revenues			
Alberta Health and Wellness contributions	\$ 203,578	\$ 173,855	\$ 151,108
Other government contributions	9,753	5,932	5,914
Fees and charges	2,948	3,270	2,810
Ancillary operations, net	(103)	(539)	(201)
Donations	29	49	58
Investment and other income	5,476	3,724	3,231
Amortization of external capital contributions	3,120	3,396	3,420
TOTAL REVENUES	\$ 224,801	\$ 189,687	\$ 166,340
Expenses			
Facility-based inpatient services	\$ 53,127	\$ 46,974	\$ 40,538
Facility-based emergency and outpatient services	7,537	7,005	6,105
Facility-based continuing care services	15,600	14,323	8,641
Community and home-based services	72,781	54,062	51,077
Diagnostic and therapeutic services	17,359	16,403	15,090
Promotion, prevention and protection services	2,919	3,131	2,904
Research and education	675	305	87
Administration	12,654	10,486	10,503
Information technology and alberta we//net	5,905	4,772	4,406
Year 2000 remedial costs	-	445	569
Support services	29,588	26,916	27,310
Amortization of facilities and improvements	1,807	2,403	2,674
TOTAL EXPENSES	\$ 219,952	\$ 187,225	\$ 169,904
Excess (deficiency) of revenues over expenses (Note 23)	\$ 4,849	\$ 2,462	\$ (3,564)

- (1) 1999 amounts have been restated as a result of the retroactive application of the change in accounting policy for recording pension expense (see Note 3). The adjustments are as follows:

Increase in revenue	\$ 403
Increase in expenses	142
Excess of revenue over expenses	<u>\$ 261</u>

Glossary

Adult psychiatry. The Adult Psychiatry Provincial Program serves individuals between 18 and 64 years of age who have psychiatric conditions requiring specialized assessment, treatment and rehabilitation services. This program provides a continuum of community, day hospital and inpatient psychiatric assessment, treatment and rehabilitation. As well, individuals receive stabilization of their psychiatric symptoms in a safe environment. When required, individuals most seriously disabled by a psychiatric illness receive long-term psychiatric treatment, rehabilitation and support.

Assertive Community Treatment (ACT).

ACT is a service delivery model that provides intensive, long term, "whatever it takes" mental health and support services in the community. The target population — those may benefit from ACT services — are individuals who have major functional disabilities, have high hospital admission rates, often have substance abuse problems and tend to be high users of social support services. ACT is intended for the two per cent of the population who have severe and/or persistent mental illnesses and need a high degree of monitoring and follow-up. If ACT standards are met, expected results include a decrease in an individual's hospitalization rate, an improved level of functioning and a decrease in caregiver burden.

Brain injury rehabilitation. The Brain Injury Rehabilitation Provincial Program serves individuals who have a severe brain injury caused by accident or disease. Through an interdisciplinary team approach, these individuals have the potential to benefit from rehabilitation services that are aimed at maximizing the individual's functional ability and enhancing the individual's quality of life.

Clubhouses. The Clubhouse Demonstration Projects are designed to give clients — 95 per cent of whom have severe or persistent mental illnesses — opportunities to live, work and learn in a supportive environment. The model supports a strong belief in the potential productivity of the most severely disabled psychiatric clients. It supports the belief that employment is essential to every person's well-being, and that people require healthy opportunities to be together socially.

Community Geographic Teams. The AMHB has geographically based teams with expertise in a specific area of practice (provincial programs) who work collaboratively with community and regional services to enhance communication, access, linkage and education.

Diversion Project. The Diversion Project is a forensic psychiatry initiative to divert mentally ill individuals away from the justice system to the mental health system.

Forensic psychiatry. The Provincial Forensic Psychiatry Program provides expert and specialized inpatient and community assessment, treatment, rehabilitation, follow-up, consultation and education-research services for, or related to, adults and adolescents with mental health problems who are in conflict with the law.

Geriatric psychiatry. The Geriatric Psychiatry Provincial Program serves patients who are generally over the age of 65. The program offers a spectrum of specialized services across the continuum of care with the intent to provide the most appropriate treatment in the most appropriate setting. Assessment, diagnosis, treatment and follow-up are available in a variety of locations from program staff working collaboratively with their community partners.

Outreach. Community Outreach Service (COS) is a service delivery model that provides rehabilitation-oriented community care that focuses on an individual's strengths from both a clinical and philosophical perspective. Services are generally provided in the community by paraprofessionals in collaboration with the client's existing community supports. COS is intended for all populations with a mental illness that require ongoing or varied but less intensive monitoring and follow-up. Often COS is provided in rural locations by individuals or team members.

Provincial programs. Centres of excellence within the overall Alberta health care system provide high-quality specialized services in specific locations throughout the province. Four programs in the mental health system have been designated "provincial." These programs are offered in inpatient and community settings.

Telemental health service (or telepsychiatry). This service allows health practitioners to use video conferencing technology (two-way, interactive television) to consult with psychiatrists and other mental health experts. It is used only with a client's consent; services are initiated with a referral form being faxed to the psychiatrist or other expert before consultation.

Appendix A

Progress Report: Health Workforce Plan

Greater focus on workplace wellness, duty to accommodate and return-to-work programs

- Continued the work of the Community Mental Health Occupational Health and Safety Committee.
- Prepared recommendations for a single employee assistance program provider — decision anticipated in 2001 – 2002.
- Entered into letters of understanding with unions to arrange flexible/modified hours of work in a variety of positions.
- Each facility participated in the Workers' Compensation Board (WCB) "Partners in Injury Reduction" program. Each facility is at different stages in meeting the external audit requirements. The AMHB completed one external audit for the David Thompson Health Region. This will be reciprocated at Alberta Hospital Ponoka in June 2001. Planning for external audits at Claresholm/Raymond Care Centres and Alberta Hospital Edmonton is incomplete at year-end.
- Offered a four-part wellness in the workplace program to AMHB employees and external participants via videoconferencing.
- Conducted stress management in service.
- Planned for volume of employees being case managed by Employee Health Services. (The number of modified return-to-work programs continues to increase.)
- Standardized WCB claims and cost recovery procedures.

Supportive training and succession planning activities

- Identified mandatory training requirements for Community Mental Health Services.
- Established an orientation program for Community Mental Health Services that follows the program already in place in facilities.
- Explored the implementation of a computerized software program to assist with succession planning.
- Offered Career Development Funding in 2000 – 2001, with many employees receiving financial support for tuition for further post-secondary training relevant to AMHB operations.
- Developed an AMHB video to be utilized in orientation of all new employees, as well as a version for external presentations.
- Implemented a computerized training program to monitor and track staff development and education activities within AMHB facilities and planned to implement this program in Community Mental Health Services.
- Continued to deliver the Frontline Leadership Program to an increasing number of staff, including expansion to Community Mental Health Services.
- Conducted "train the trainer" workshops for Frontline Leadership and Management of Assaultive Behaviour programs to ensure adequate numbers of facilitators/instructors to deliver those programs.
- Consolidated library services to provide more efficient use of resources, and established Internet access to numerous journals.
- Sponsored numerous workshops and conferences for AMHB staff and external participants.
- Helped employees attend relevant external workshops and conferences.

Recruitment and retention of hard-to-recruit positions:

■ Participated on the Nursing Resource Planning Group until January 2001, when the group became the Nursing Advisory Committee of Alberta.

■ Served on the Grant MacEwan College Psychiatric Nursing Program Advisory Committee.

■ Supported the Grant MacEwan College Aboriginal Studies Program through practicum placements and career fairs.

■ Participated directly in the Multi Employer/United Nurses of Alberta collective bargaining.

■ Promoted partnerships with various post-secondary institutions through joint initiatives, contractual arrangements for student placements and employee training, and teaching appointments. Discussed with Grant MacEwan College plans to increase the number of psychiatric nursing program seats and access to seats by AMHB employees.

■ Established a Recruitment and Retention Working Group to focus on manpower planning, with senior management representation.

■ Increased out-of-country relocation to a maximum of \$8000.

■ Approved an organization-wide retirement recognition program and continued work on standardizing long-service awards.

■ Revised print advertising format.

■ Extended advertising to post-secondary institutions, employment centres, journals, web sites and newspapers.

■ Established a job opportunities page on the AMHB web site, with linkages to several other sites.

■ Created career fair display information.

■ Attended job, career and trade fairs in various Canadian venues.

■ Expanded the AMHB toll free job information line across Canada.

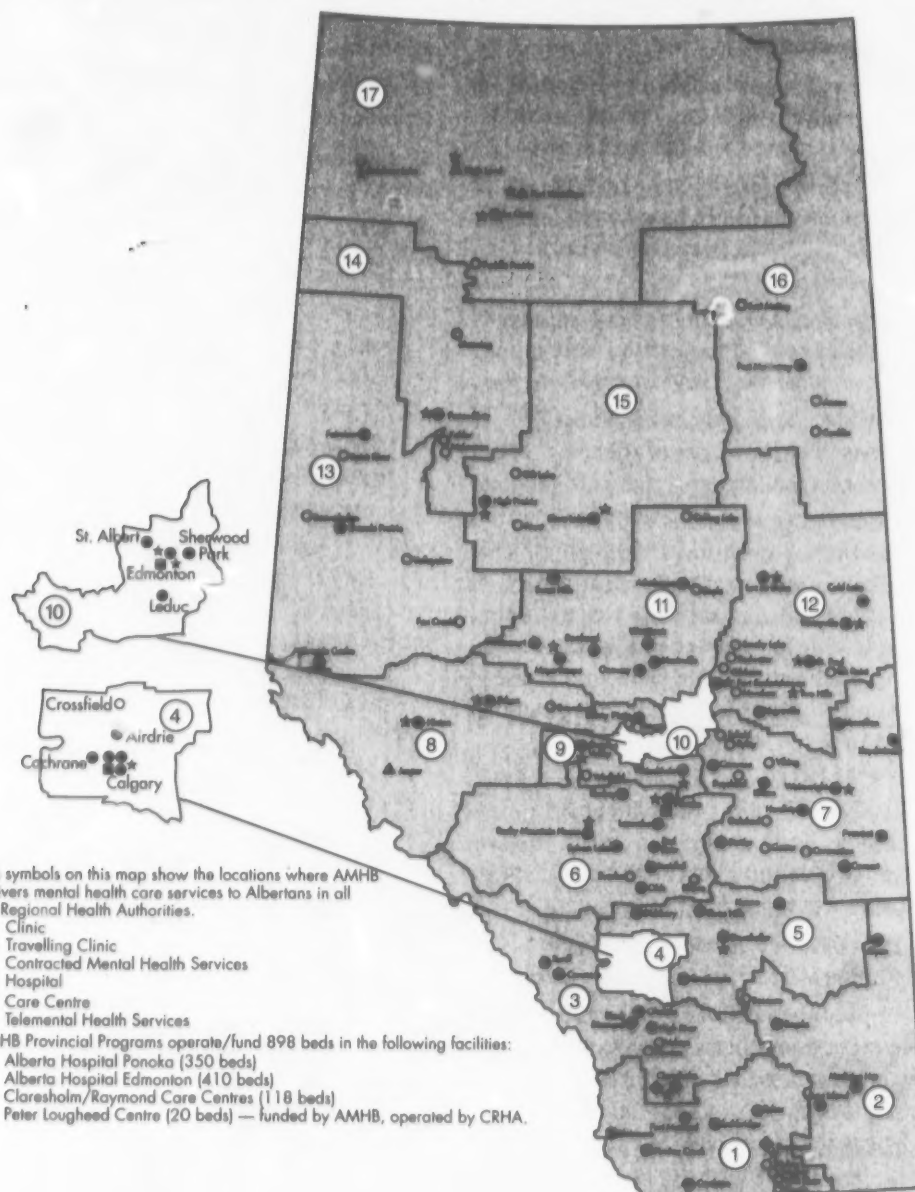
■ Analyzed turnover, age and projected retirements for manpower planning.

■ Increased practicum placements for several post-secondary programs.

■ Began exploring of the use of alternative service providers.

AMHB — Providing Mental Health Services for Albertans

Note: The information on the map and directory is current as at September 2001.



AMHB Service Delivery Locations Projected Population by RHA 2000 Figures

Region 1 — Chinook Health Region	150,878
Region 2 — Palliser Health Authority	91,969
Region 3 — Heartland Health Authority	75,756
Region 4 — Calgary RHA	949,693
Region 5 — RHA 83	55,086

Region 6 — David Thompson Health Region	196,435
Region 7 — East Central RHA	104,232
Region 8 — Watrous RHA	92,942
Region 9 — Crossroads RHA	40,395
Region 10 — Capital Health Authority	839,516
Region 11 — Aspen RHA	83,817
Region 12 — Lakeland RHA	108,700

Region 13 — Mistake Health Region	92,559
Region 14 — Peace Health Region	20,018
Region 15 — Kananaskis Lakes RHA	26,643
Region 16 — Northern Lights RHA	42,198
Region 17 — Northwestern Health Region	20,328
Population Source: Alberta Health and Wellness Health Surveillance — January 2001	

Region: 1

Blairmore Mental Health Clinic

Alberta Mental Health Board
Box 838
12501 - 20 Avenue
Provincial Building
Blairmore, AB T0K 0E0
Phone: (403) 562-3222
Fax: (403) 562-3226

Cardston Mental Health Clinic

Alberta Mental Health Board
Box 1590
576 Main Street
Provincial Building
Cardston, AB T0K 0K0
Phone: (403) 653-5115
Fax: (403) 653-2926

Fort Macleod Mental Health Clinic

Alberta Mental Health Board
Box 727
521 - 26 Street
Fort Macleod, AB T0L 0Z0
Phone: (403) 553-5040
Fax: (403) 553-4940

Lethbridge Mental Health Clinic

Alberta Mental Health Board
200 - 5 Avenue South
Provincial Building
Lethbridge, AB T1J 1L4
Phone: (403) 381-5260
Fax: (403) 382-4518

Pincher Creek Mental Health Clinic

Alberta Mental Health Board
Box 2105
782 Main Street, Room 212
Provincial Building
Pincher Creek, AB T0K 1W0
Phone: (403) 627-1121
Fax: (403) 627-1145

Taber Mental Health Clinic

Alberta Mental Health Board
5011 - 49 Avenue
Provincial Building
Taber, AB T1G 1V9
Phone: (403) 223-7932
Fax: (403) 223-7902

Raymond Care Centre

Box 260
4 Avenue North - 3A Street East
Raymond, AB T0K 2S0
Phone: (403) 752-3316
Fax: (403) 752-3933

Region: 2

Bow Island Mental Health Clinic

Alberta Mental Health Board
802 Sixth Street
Bow Island, AB T0K 0G0
Phone: (403) 545-5120
Fax: (403) 545-6357

Brooks Mental Health Clinic

Alberta Mental Health Board
440 Third Street, East
P.O. Box 1775
Brooks, AB T1R 1C5
Phone: (403) 362-1252
Fax: (403) 362-1223

Medicine Hat Mental Health Clinic

Alberta Mental Health Board
2, Provincial Building
346 Third Street, S.E.
Medicine Hat, AB T1A 0G7
Phone: (403) 529-3500
Fax: (403) 529-3562

Oyen Mental Health Clinic

Alberta Mental Health Board
315 Third Avenue, S.E.
Oyen, AB T0J 2J0
Phone: (403) 664-3803
Fax: (403) 664-2934

Region: 3

Banff Mental Health Clinic

Alberta Mental Health Board
Suite 320, 317 Banff Avenue
Box 1266
Banff, AB T0L 0C0
Phone: (403) 762-4451
Fax: (403) 762-5570

Black Diamond Mental Health Clinic

Alberta Mental Health Board
Oilfields General Hospital
Mail Bag 1
Black Diamond, AB T0L 0T0
Phone: (403) 933-3800
Fax: (403) 933-4353

Canmore Mental Health Clinic

Alberta Mental Health Board
302, 800 Railway Avenue
Canmore, AB T1W 1P1
Phone: (403) 678-4696
Fax: (403) 678-1951

Claresholm Care Centre

Box 490
139 - 43rd Avenue West,
Claresholm, AB T0L 0T0
Phone: (403) 625-8500
Fax: (403) 625-4318

Claresholm Mental Health Clinic

Alberta Mental Health Board
Box 2198
4901 - 2 Street W.
Claresholm, AB T0L 0T0
Phone: (403) 625-4068
Fax: (403) 625-4177

High River Mental Health Clinic

Alberta Mental Health Board
P.O. Box 5309
Bay D, 119 Center Street
High River, AB T1V 1M5
Phone: (403) 652-8340
Fax: (403) 652-1456

Okotoks Mental Health Clinic

Alberta Mental Health Board
#22, Elizabeth Street
Box 758
Okotoks, AB T0L 1T0
Phone: (403) 938-4911
Fax: (403) 938-8183

Region: 4

Airdrie Community Mental Health Clinic

Alberta Mental Health Board
Room B001, Provincial Building
112 - 1 Avenue NW
Box 5205
Airdrie, AB T4B 2B3
Phone: (403) 948-3878
Fax: (403) 948-7926

Central Calgary Community Mental Health Clinic

Alberta Mental Health Board
2nd Flr., 1000 - 8 Avenue SW
Calgary, AB T2P 3M7
Phone: (403) 297-7311
Fax: (403) 297-5354

Cochrane Community Mental Health Clinic

Alberta Mental Health Board
Box 807, Provincial Building
213 First Street
Cochrane, AB T0L 0W0
Phone: (403) 932-3455
Fax: (403) 932-2971

NE Calgary Community Mental Health Clinic

Alberta Mental Health Board
suite 201
Sunridge Professional Building
2675 - 35 Street NE
Calgary, AB T1Y 6H6
Phone: (403) 297-7196
Fax: (403) 297-7160

**NW Calgary
Community Mental
Health Clinic**

Alberta Mental Health
Board
#280, 1620 - 29 Street NW
Calgary, AB T2N 4L7
Phone: (403) 297-7345
Fax: (403) 297-4543

Region: 5

**Didsbury Community
Mental Health Clinic**

Alberta Mental Health
Board
Bag 130
1210 - 20 Avenue
Didsbury, AB T0M 0W0
Phone: (403) 335-7285
Fax: (403) 335-7227

**Drumheller Community
Mental Health Clinic**

Alberta Mental Health
Board
Box 2086
321, 180 Riverside Dr. E.
Drumheller, AB T0J 0Y0
Phone: (403) 823-1652
Fax: (403) 823-1665

**Hanna Community
Mental Health Clinic**

Alberta Mental Health
Board
Box 1000
Provincial Building
401 McCrea Drive
Hanna, AB T0J 1P0
Phone: (403) 854-5585
Fax: (403) 854-5517

**Strathmore Community
Mental Health Clinic**

Alberta Mental Health
Board
Box 2002
Hilton Plaza
209 Third Avenue
Strathmore, AB T1P 1K3
Phone: (403) 934-5174
Fax: (403) 934-2685

**Three Hills Mental
Health Clinic**

Alberta Mental Health
Board
160 - 3rd Avenue S.
Three Hills, AB T0M 2A0
Phone: (403) 443-8532
Fax: Not available

**Three Hills District
Health Services**

Alberta Mental Health
Board
Three Hills Assertive
Outreach Worker
1504 - 2nd Street N.
Three Hills, AB T0M 2A0
Phone: (403) 443-8024
Fax: (403) 443-7027

Region: 6

**Alberta Hospital
Ponoka**

P.O. Box 1000
Ponoka, AB T4J 1R8
Phone: (403) 783-7600

**Innisfail Mental
Health Clinic**

Alberta Mental Health
Board
5023 - 42 Street
Innisfail, AB T4G 1A9
Phone: (403) 227-4601
Fax: (403) 227-5683

**Lacombe Mental
Health Clinic**

Alberta Mental Health
Board
12, 5033 - 52 Street
Courier Bag 16
Lacombe, AB T4L 2A6
Phone: (403) 782-3413
Fax: (403) 782-3878

**Olds Mental
Health Clinic**

Alberta Mental Health
Board
212, 5025 - 50 Street
Olds, AB T4H 1R9
Phone: (403) 556-4204
Fax: (403) 556-4265

**Ponoka Mental
Health Clinic**

Alberta Mental Health
Board
Box 4244
223, 5110 - 49 Avenue
Ponoka, AB T4J 1R6
Phone: (403) 783-9033
Fax: (403) 783-7926

**Red Deer Mental
Health Clinic**

Alberta Mental Health
Board
209 - 4920 51 Street
Red Deer, AB T4N 6K8
Phone: (403) 340-5466
Fax: (403) 340-4874

**Rimbey Mental
Health Clinic**

Alberta Mental Health
Board
P.O. Box 471
5025 - 55 Street
Rimbey, AB T0C 2J0
Phone: (403) 843-2406
Fax: (403) 843-2337

**Rocky Mountain House
Mental Health Clinic**

Alberta Mental Health
Board
Box 1597 Provincial
Building
4919 - 51 Street
Rocky Mountain House,
AB T4T 1B2
Phone: (403) 845-8300
Fax: (403) 845-8575

**Sylvan Lake Mental
Health Clinic**

Alberta Mental Health
Board
4602 - 49 Avenue
Sylvan Lake, AB T4S 1M7
Phone: (403) 887-2241
Fax: (403) 887-2610

Region: 7

**Camrose Mental
Health Clinic**

Alberta Mental Health
Board
Aspen Business Park
4911A - 47 Street
Camrose, AB T4V 1J9
Phone: (780) 679-1241
Fax: (780) 679-1740

**Consort Mental
Health Clinic**

Alberta Mental Health
Board
5311 - 52 Avenue
Consort, AB T0C 1B0
Phone: (403) 577-3770
Fax: (403) 577-2235

**Hardisty Mental
Health Clinic**

Alberta Mental Health
Board
Box 269, 4531 - 47 Street
Hardisty, AB T0B 1V0
Phone: (780) 888-3742
Fax: (780) 888-2427

**Killam Mental
Health Clinic**

Alberta Mental Health
Board
4811 - 49 Avenue
Killam, AB T0B 2L0
Phone: (780) 385-7160
Fax: (780) 385-7163

**Lloydminster Mental
Health Clinic**

Alberta Mental Health
Board
4815 - 50 Street
Lloydminster, SK S9V
0M8
Phone: (306) 820-6250
Fax: (306) 820-6251

**Provost Mental
Health Clinic**

Alberta Mental Health
Board
Provincial Building
5419 - 44 A Street
Provost, AB T0B 3S0
Phone: (780) 753-2575
Fax: (780) 753-8096

**Stettler Mental
Health Clinic**

Alberta Mental Health
Board
Postal Bag 600
4835 - 50 Street
Stettler, AB T0C 2L0
Phone: (403) 742-7591
Fax: (403) 742-7916

**Vermilion Mental
Health Clinic**

Alberta Mental Health
Board
Box 14, Provincial Bldg.
4701 - 52 Street
Vermilion, AB T9X 1J9
Phone: (780) 853-8168
Fax: (780) 853-8279

**Wainwright Mental
Health Clinic**

Alberta Mental Health
Board
Provincial Building
Box 20, 810 - 14 Avenue
Wainwright, AB T9W
1R2
Phone: (780) 842-7522
Fax: (780) 842-7520

Region: 8

Edson Community Mental Health Clinic

Alberta Mental Health Board
#100 - Provincial Building
111 - 54 Street
Edson, AB T7E 1T2
Phone: (780) 723-8294
Fax: (780) 723-8297

Hinton Community Mental Health Clinic

Alberta Mental Health Board
131 Market Street
Hinton, AB T7V 2A2
Phone: (780) 865-8247
Fax: (780) 865-8327

Jasper*

Seton General Hospital
518 Robson Street
Box 310
Jasper, AB T0E 1E0
Phone: (780) 852-6616
Fax: (780) 852-3413

Stony Plain Community Mental Health Clinic

Alberta Mental Health Board
Provincial Building
4709 - 44 Avenue
Stony Plain, AB T7Z 1N4
Phone: (780) 963-6151
Fax: (780) 963-7186

Region: 9

Drayton Valley Mental Health Clinic

Alberta Mental Health Board
Box 7276
5108 - 51 Street
Drayton Valley, AB T7A 1S5
Phone: (780) 542-3140
Fax: (780) 542-4461

Wetaskiwin Mental Health Clinic

Alberta Mental Health Board
#101, 5201 - 50 Avenue
Wetaskiwin, AB T9A 0S7
Phone: (780) 361-1245
Fax: (780) 361-1387

Region: 10

Alberta Hospital Edmonton

Box 307
Edmonton, AB T5J 2J7
Phone: (780) 472-5555

Edmonton Mental Health Clinic

Alberta Mental Health Board
5th Floor
9942 - 108 Street
Edmonton, AB T5K 2J5
Phone: (780) 427-4444
Fax: (780) 427-0424

Leduc Mental Health Clinic

Alberta Mental Health Board
4210 - 48 Street, NE
Annex
Box 5006
Leduc, AB T9E 5Z3
Phone: (780) 986-2660
Fax: (780) 986-9292

Sherwood Park Mental Health Clinic

Alberta Mental Health Board
2 Brower Drive
Sherwood Park, AB T8H 1V4
Phone: (780) 467-6562
Fax: (780) 464-3705

St. Albert Mental Health Clinic

Alberta Mental Health Board
30 Sir Winston Churchill Ave.
St. Albert, AB T8N 3A3
Phone: (780) 459-2820
Fax: (780) 460-7152

Region: 11

Athabasca Mental Health Clinic

Alberta Mental Health Board
3401 - 48 Ave
Athabasca, AB T9S 1M7
Phone: (780) 675-5404
Fax: (780) 675-3994

Barrhead Mental Health Clinic

Alberta Mental Health Board
4815 - 51 Avenue
P.O. Box 4054
Barrhead, AB T7N 1A1
Phone: (780) 674-8243
Fax: (780) 674-8352

Mayerthorpe Mental Health Clinic

Alberta Mental Health Board
4417 - 45 Street
Box 30
Mayerthorpe, AB T0E 1N0
Phone: (780) 786-2279
Fax: (780) 786-2023

Morinville Mental Health Clinic

Alberta Mental Health Board
10008 - 107 Street
Morinville, AB T8R 1L3
Phone: (780) 939-3388
Fax: (780) 939-1216

Onoway Mental Health Clinic

Alberta Mental Health Board
4919 Lac Ste. Anne Trail
P.O. Box 990
Onoway, AB T0E 1V0
Phone: (780) 967-4440
Fax: (780) 967-4433

Swan Hills Mental Health Clinic

Alberta Mental Health Board
29 Freeman Drive
P.O. Box 261
Swan Hills, AB T0G 2C0
Phone: (780) 333-4241
Fax: (780) 333-7009

Westlock Mental Health Clinic

Alberta Mental Health Board
10024 - 107 Avenue
Westlock, AB T7P 2E3
Phone: (780) 349-5246
Fax: (780) 349-5846

Whitecourt Mental Health Clinic

Alberta Mental Health Board
20 Sunset Blvd.
Whitecourt, AB T7S 1M8
Phone: (780) 778-7147
Fax: (780) 778-7212

Region: 12

Bonnyville Mental Health Clinic

Alberta Mental Health Board
5201 - 44 Street
Box 6917
Bonnyville, AB T9N 2H3
Phone: (780) 826-2404
Fax: (780) 826-6114

Cold Lake Mental Health Clinic

Alberta Mental Health Board
Cold Lake Health Centre
2nd floor, 314 - 25 Street
Cold Lake North, AB T9M 1G6
Phone: (780) 639-4922
Fax: (780) 639-4990

Fort Saskatchewan Mental Health Clinic*

Alberta Mental Health Board
155 Fort Mall
10420 - 98 Avenue
Fort Saskatchewan, AB T8L 2N6
Phone: (780) 998-5225
Fax: (780) 998-7828

Lac La Biche Mental Health Clinic

Alberta Mental Health Board
Provincial Building
Box 297
9503 Beaver Hill Road
Lac La Biche, AB T0A 2C0
Phone: (780) 623-5230
Fax: (780) 623-5232

St. Paul Mental Health Clinic

Alberta Mental Health Board
Provincial Building
Box 202
4th floor, 5025 - 49 Avenue
St. Paul, AB T0A 3A4
Phone: (780) 645-6307
Fax: (780) 645-6293

Vegreville Mental Health Clinic

Alberta Mental Health Board
#21 Husky Plaza Mall
5341 - 50 Avenue
Vegreville, AB T9C 1P8
Phone: (780) 632-5449
Fax: (780) 632-5496

Region: 13

Fairview Mental Health Clinic

Alberta Mental Health Board
Bag 2201
Fairview Health Complex
Fairview, AB T0H 1L0
Phone: (780) 835-6149
Fax: (780) 835-3879

Fox Creek Mental Health Clinic

Alberta Mental Health Board
c/o Fox Creek Healthcare Centre
Box 990, 600 - 3rd Street
Fox Creek, AB T0H 1P0
Phone: (780) 622-3545
Fax: (780) 622-3474

Grande Cache Mental Health Clinic

Alberta Mental Health Board
Box 240
Grande Cache, AB T0E 0Y0
Phone: (780) 827-4998
Fax: (780) 827-4787

Grande Prairie Mental Health Clinic

Alberta Mental Health Board
Nordic Court
#600, 10014 - 99 Street
Grande Prairie, AB T8V 3N4
Phone: (780) 538-5160
Fax: (780) 538-6279

Region: 14

Peace River Mental Health Clinic

Alberta Mental Health Board
Bag 900 - 8
10015 - 98 Street
Peace River, AB T8S 1T4
Phone: (780) 624-6151
Fax: (780) 624-6565

Region: 15

High Prairie Mental Health Clinic

Alberta Mental Health Board
1st Floor Provincial Building
High Prairie, AB T0G 1E0
Phone: (780) 523-6700
Fax: (780) 523-6701

Slave Lake Mental Health Clinic

Alberta Mental Health Board
309 - 6 Street NE
Slave Lake, AB T0G 2A2
Phone: (780) 805-3502
Fax: (780) 849-3083

Region: 16

Fort McMurray Mental Health Services

Alberta Mental Health Board
3rd Floor, Northern Lights Regional Health Centre
#7 Hospital Street
Fort McMurray, AB T9H 1P2
Phone: (780) 791-6194
Fax: (780) 791-6219

Region: 17

High Level Mental Health Clinic*

P.O. Bag 400
High Level, AB T0H 1Z0
Phone: (780) 926-3791 ext. 287
Fax: (780) 926-2944

Fort Vermilion Mental Health Clinic*

Box 68
Fort Vermilion, AB T0H 1N0
Phone: (780) 927-3391
Fax: (780) 927-4440

*Contracted service

If you have questions about our clinics and services or require information about the AMHB, please call — The AMHB Help Line 1-877-303-AMHB (2642) toll free from anywhere in Alberta.